

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 11:55

DOCUMENT # **K70476**

(2)

1. Corporation Name

SAM OWENS, INC.

Principal Place of Business

C/O SAM JAY OWENS
1900 W. MCNAB ROAD
DELRAY BEACH FL 33444-1561

Mailing Address

C/O SAM JAY OWENS
1900 W. MCNAB ROAD
DELRAY BEACH FL 33444-1561

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/06/1989

3a. Date of Last Report
04/06/1994

4. FEI Number
65-0160923

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **1900 W. MCNAB AVE.**

2a. Mailing Address

26 **17770 WAGON WHEEL DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **DELRAY BEACH, FL.**

City & State

28 **BOCA RATON, FL.**

Zip

24 **33444**

Country

25 **FLORIDA**

Zip

29 **33496**

Country

30 **FLORIDA**

9. Name and Address of Current Registered Agent

OWENS, SAM JAY
1900 MCNAB AVE, BLDG C
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SAM JAY OWENS, PRES. OWNER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-23-95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
OWENS, SAM JAY
17770 WAGON WHEEL DR.
BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SAM JAY OWENS

Signature and typed or printed name of signing officer or director

1-23-95

Date

(407) 243-4731

Telephone (Area #)