1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02932

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90002 048 ***150.00

Principal Place	OWERS, INC.	Mailing Address P.O. BOX 898					
	EAST PALATKA FL 32131 EAST PALATKA FL 32131 US				DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					07/18/1989		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21	26				59-2961073		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75	
22 27						Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00 Added t	
23	0.000	28	Country		Trust Fund Contribution		o rees
Zip	Country Zip 25 29 31		- ·		This corporation owes the current year Personal Property Tax.	Yes	⊠No
24	25 29 3 9. Name and Address of Current Registered Agent		<u> </u>		10. Name and Address of New Registere		
	5. Italiic und Address or Outron	t tradition of a special	81	Name			
BASS, DANIEL R				C1 1 4 4 4	Inne (D.O. Boy Number is Not Assentable)		
121 PALM TR			82	Street Add	lress (P.O. Box Number is Not Acceptable)		
EAST PALATKA FL 32131			83				
			0.4			. 85 Zip (ode
			84	City	F	L ´	
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	orized by a Statutes	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the applications of the purpose when reinstating)	pointment as re	gistered
	Signature, typed or printed name of registered ager	D DIRECTORS	13.	f siðirstnia tadom	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.			1.1 TITLE			Change	☐ Addition
NAME	I		1.2 NAME				{
STREET ADDRESS	lan mara em		1.3 STREET	ADORESS	•		ļ
CITY-ST-ZIP			1.4 CITY-S	r-ZIP			
TITLE			2.1 TITLE			☐ Change	Addition
NAME	[T. T		2.2 NAME				
STREET ADDRESS	Land market wm			ADORESS			t
CITY-ST-ZIP	E. PALATKA FL2			T-ZIP			
TITLE	VD DELETE 3.1		3.1 TITLE			☐ Change	Addition
NAME	BAOO, DAMEE 11.		3.2 NAME	-			
STREET ADDRESS	The Control of the Co		33 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY- S	T-ZIP		☐ Change	Addition
TITLE			4.1 TITLE	Ì		☐ Onange	
NAME			4. 2 NAME				}
STREET ADDRESS			4 3 STREET				Ļ
CITY-ST-ZIP			4.4 CITY-S	1-412		Change	☐ Addition
			5.2 NAME	}		_ ·	_
NAME STREET ADDRESS			5.3 STREET	ADDRESS			1
CITY-ST-ZIP			5.4 CITY-S				
TITLE			6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	Ì			ľ
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Claniel F. Biss Daniel R. Bassis Signature and Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

904-325-0110

Daytime Phone #

:R2E034 (11/98