

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP -2 AM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09915 (4)					
1. Corporation Name OWENS-WILLIS, INC.					
Principal Place of Business 1203-B N.W. 16 AVE Mailing Address 1203-B N.W. 16 AVE 2804 N.W. 23RD BLVD. 2804 N.W. 23RD BLVD. GAINESVILLE FL 32605 32605 32601 32601					



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1203-B N.W. 16 AVE		2a. Mailing Address 26 1203-B N.W. 16 AVE		3. Date Incorporated or Qualified 08/18/1989		3a. Date of Last Report 01/30/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2964974		Applied For Not Applicable	
23 City & State Gainesville		28 City & State Gainesville		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip 32601		25 Country Alachua		29 Zip 32601		30 Country Alachua	
9. Name and Address of Current Registered Agent OWENS, KARL R., JR. 2834 N.W. 23RD BLVD. GAINESVILLE FL 32605				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
OWENS, JANET G. 2804 N.W. 23 BLVD. GAINESVILLE FL				Change ☐ Addition ☐ 700002283897-6 -09/03/97--01056--012 ****165.00 ****165.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
OWENS, KARL R., JR. 2834 N.W. 23 BLVD. GAINESVILLE FL 32605				Change ☒ Addition ☐ OWENS, KARL R., JR. 2834 N.W. 23 BLVD GAINESVILLE, FL 32605			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
DST STEVE WILLIS 5130 NW 27 TERR GAINESVILLE, FL 32605				Change ☐ Addition ☒ DST STEVE WILLIS 5130 NW 27 TERR GAINESVILLE, FL 32605			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
				Change ☐ Addition ☐			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
				Change ☐ Addition ☐			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
				Change ☐ Addition ☐ 8/29/97			

14. I do 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, or on an attachment with an address.

SIGNATURE: Karl R. Owens, Jr. Date: 7/31/97 Fee: 353.332 3888

CR2E034 (4/97)