Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90015 024 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L09915

OWENS	-WILLIS, INC.				
Principal Plac	ce of Business	Mailing Address			ENERY BURNE BYRN BURN BURN HARR
1203-B N.W. 16 AVE. 1203-B N.W. 16 AVE. GAINESVILLE FL 32601 GAINESVILLE FL 32601				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	3 SPACE
				08/18/1989	
2 Principal E	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	lace of business	26		59-2964974	Not Applicable
Suite, Apt	. #. etc.	Suite, Apt. #, etc.		_	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	Country 30	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
	ENS, KARL R JR		82 Street-Ad	dress (P.O. Box Number is Not Acceptable)	
-2 834 N.W. 23RD BLVD.			361	ONW 166 ALLENUE	
GAI	NESVILLE-FL-32605		83		
			84 City	12000011-	85 Zip Gode
			I CIA	NUSVIIIE FI	_ 01609
office or	registered agent, or both, in the State	e of Florida. Such change was a	authorized by the corpora	propriation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	t changing its registered pintment as registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes.	, ,	
SIGNATURE		NOTE:	E: Registered Agent signature requ	nired when reinstating) DATE	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLS STEVE		1.2 NAME		
STREET ADDRESS	1 77/0	NW 40 AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605 32	2606	1.4 CITY-ST-ZIP		
TITLE	DP	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OWENS KADI D ID		2.2 NAME		
STREET ADDRESS	26.10	NW 166 AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605 32	2609	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		· _
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME	•	
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Dohana DAddy-
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		C) por cre	5.4 CITY-ST-ZIP 61 TITLE		☐ Change ☐ Addition
TITLE	Ī	□ DELETE	■ O THILL		The Programme

CITY-ST-ZIP 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 of 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 chapter 607 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS