

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L81138 (4)

1. Corporation Name
SAWELL, INC.



Principal Place of Business

8205 E ADAMO DR
TAMPA FL 33619
US

Mailing Address

8205 E ADAMO DR
TAMPA FL 33619
US

3. Date Incorporated or Qualified
06/18/1990

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

21 6401 Badger Highway
Suite, Apt. #, etc.

22 City & State
Tampa, Florida

23 Zip Country
33610 USA

24 33610 25 USA

2a. Mailing Address

26 701 E. Joppa Road
Suite, Apt. #, etc.

27 Tw 285

28 Towson, Maryland

29 Zip Country
21286 USA

30 21286 USA

4. FEI Number
59-3017758

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the corporation

(Initials) Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME OWENS, RONALD W.
STREET ADDRESS 1010 SAGO PALM WAY
CITY-ST-ZIP APOLLO BEACH FL

TITLE VP
NAME OWENS, CHARMA DALE
STREET ADDRESS 1010 SAGO PALM WAY
CITY-ST-ZIP APOLLO BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Steven E. Simms
1.3 STREET ADDRESS 701 E. Joppa Road
1.4 CITY-ST-ZIP Towson, MD 21286

2.1 TITLE Director, VP, & Secretary
2.2 NAME Charles E. Fenton
2.3 STREET ADDRESS 701 E. Joppa Road
2.4 CITY-ST-ZIP Towson, MD 21286

3.1 TITLE Director
3.2 NAME Thomas M. Scheewe
3.3 STREET ADDRESS 701 E. Joppa Road
3.4 CITY-ST-ZIP Towson, MD 21286

4.1 TITLE Director and Vice President
4.2 NAME Theodore A. Lukus
4.3 STREET ADDRESS 701 E. Joppa Road
4.4 CITY-ST-ZIP Towson, MD 21286

5.1 TITLE Treasurer
5.2 NAME Kathleen W. Hyle
5.3 STREET ADDRESS 701 E. Joppa Road
5.4 CITY-ST-ZIP Towson, MD 21286

6.1 TITLE Assistant Secretary
6.2 NAME Lucy A. Pettibone
6.3 STREET ADDRESS 701 E. Joppa Rd.
6.4 CITY-ST-ZIP Towson, MD 21286

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 119.07(3)(k), 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:

Lucy A. Pettibone Asst. Sec 4/17/96 (410) 716-2890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)