

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90012 043 ***550.00

**PROFIT CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92382 ✓

1. Corporation Name

OWENS CUSTOM BUILDER, INC.

Principal Place of Business

2870 SALFORD
NORTH PORT FL 34238
US

Mailing Address

2870 SALFORD
N PORT FL 34238
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1990

4. FEI Number

59-3031570

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 owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 3394 SUMTER BLVD

Suite, Apt. #, etc.

22

City & State

23 NORTH PORT, FL

Zip

24 34287

Country

25 U.S.

2a. Mailing Address

26 3394 SUMTER BLVD

Suite, Apt. #, etc.

27

City & State

28 NORTH PORT, FL

Zip

29 34287

Country

30 U.S.

9. Name and Address of Current Registered Agent

**OWENS, JOHN R.
1441 LANDVIEW LANE
SARASOTA FL 34229**

10. Name and Address of New Registered Agent

81 Name

OWENS, JOHN R.

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

118 RAPHAEL PL.

83

84 City

NOKOMIS

FL

85 Zip Code

34225

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **OWENS, JOHN R.**
STREET ADDRESS **1441 LANDVIEW LANE**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE **SVP** ☐ DELETE

NAME **MUXLOW, THERESA G**
STREET ADDRESS **8480 BESSEMER AVE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **T** ☐ DELETE

NAME **BOWLING, THOMAS W**
STREET ADDRESS **1400 GEORGETOWNE DR**
CITY-ST-ZIP **SARASOTA FL 34232**

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 **PD** ☒ Change ☐ Addition

1.2 NAME **OWENS, JOHN R.**

1.3 STREET ADDRESS

118 RAPHAEL PL.

1.4 CITY-ST-ZIP

NOKOMIS, FL 34225

2.1 TITLE **SVP** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

7-7-99

(941) 426-4998

CR2E034 (5/99)