

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 # M87264 (1)

1. Corporation Name

OWEN MOTORS, INC. OF OSCEOLA



Principal Place of Business

Mailing Address

2350 OLD VINELAND RD
KISSIMMEE FL 34746

2350 OLD VINELAND RD
KISSIMMEE FL 34746

4700 OWEN BROWN RD.
Kissimmee, FL

3. Date Incorporated or Qualified
06/16/1988

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 4700 OWEN BROWN RD

26 P.O. Box 579

4. FEI Number

59-2955252

Applied For

Not Applicable

22 Suite, Apt. #, etc.
Kissimmee, FL

27 Suite, Apt. #, etc.
Kissimmee, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip
34746

25 Country
OSCEOLA

29 Zip
34742

30 Country
OSCEOLA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWEN, PAUL E.

2350 OLD VINELAND RD
KISSIMMEE FL 34746

81 Name

PAUL E. OWEN

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

4700 OWEN BROWN RD

83

Kissimmee

84 City

FL

85 Zip Code
34746

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

PAUL E. OWEN

DATE: Registered Agent's signature required when new state agent.

4-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OWEN, PAUL E.
STREET ADDRESS 2350 OLD VINELAND RD. 4700 OWEN BROWN RD.
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE VP
NAME OWEN, PHILLIP C.
STREET ADDRESS 4951 LAKE CUCILLE DR.
CITY-ST-ZIP KISSIMMEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

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2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL E. OWEN

4-15-96

407.396-0873

CR2E034 (12/95)