

**2014 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 03, 2014  
Secretary of State**

DOCUMENT# P00000096061

Entity Name: C. A. OWENS & ASSOCIATES, INC.

**Current Principal Place of Business:**

26A SITE C6 ROAD  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

26A SITE C6 ROAD  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 59-3677369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OWENS, CLYDE A  
2414 EDGEWATER DRIVE  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLYDE A. OWENS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OWENS, CLYDE A  
Address: 2414 EDGEWATER DRIVE  
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLYDE A. OWENS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/03/2014

\_\_\_\_\_  
Date