FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 12:55

DOCUMENT # **P20042** (8)

1. Corporation Name
OWEN AYRES & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3901 COCONUT PALM DR TAMPA FL 33619	3901 COCONUT PALM DR TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/13/1988	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 39-0965082 ☐ 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	10. Name and Address of New Registered Agent
ANDERSON, DAMANN 1122 KINGFISH PLACE APOLLO BEACH FL 33570	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	GLASSHOF, KEITH E.	1.2 NAME	NORMAN KELLER
STREET ADDRESS	2033 HENRY AVENUE	1.3 STREET ADDRESS	2270 HIGHLAND MALL
CITY-ST-ZIP	EAU CLAIRE WI	1.4 CITY-ST-ZIP	EAU CLAIRE, WI 54701
TITLE	V	2.1 TITLE	D ☐ Change ☒ Addition
NAME	HEINE, JAMES W.	2.2 NAME	RON HERNKE
STREET ADDRESS	190 112TH AVE NORTH	2.3 STREET ADDRESS	2077 AIRPORT DR, SUITE 21
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	GREEN BAY, WI 54313
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	QUINN, PATRICK J.	3.2 NAME	
STREET ADDRESS	4332 WOODRIDGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAU CLAIRE WI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HANCOCK, DAVID	4.2 NAME	
STREET ADDRESS	7574 N PINE HARBOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPPEWA FILLS WI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DINGMANN, DUANE E.	5.2 NAME	
STREET ADDRESS	RT 6 BOX 215	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAU CLAIRE WI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	REINBACHER, GEORGE	6.2 NAME	GEORGE REINBACHER
STREET ADDRESS	1500 SW 1ST AVENUE	6.3 STREET ADDRESS	2134 WALNUT RIDGE DR
CITY-ST-ZIP	PORTLAND OR	6.4 CITY-ST-ZIP	EAU CLAIRE, WI 54701

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)(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: Keith E. Glasshof Keith E. Glasshof 1/11/95 (715) 831-7502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number

0200400 CP