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FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P20042 (8)
 1. Corporation Name
OWEN AYRES & ASSOCIATES, INC.



Principal Place of Business: **3901 COCONUT PALM DR TAMPA FL 33619**
 Mailing Address: **3901 COCONUT PALM DR TAMPA FL 33619-8362**

3. Date Incorporated or Qualified: **07/13/1988**
 3a. Date of Last Report: **02/06/1996**
 4. FEI Number: **39-0965062**
 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**
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 Suite, Apt #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**

9. Name and Address of Current Registered Agent
ANDERSON, DAMANN
1122 KINGFISH PLACE
APOLLO BEACH FL 33570

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLASSHOF, KEITH E.	
STREET ADDRESS	2033 HENRY AVENUE	
CITY - ST - ZIP	EAU CLAIRE WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HEINE, JAMES W.	
STREET ADDRESS	190 112TH AVE NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	QUINN, PATRICK J.	
STREET ADDRESS	4332 WOODRIDGE DRIVE	
CITY - ST - ZIP	EAU CLAIRE WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANCOCK, DAVID	
STREET ADDRESS	7574 N PINE HARBOR DR	
CITY - ST - ZIP	CHIPPEWA FILLS WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DINGMANN, DUANE E.	
STREET ADDRESS	RT 6 BOX 215	
CITY - ST - ZIP	EAU CLAIRE WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINBACHER, GEORGE	
STREET ADDRESS	2134 WALNUT RIDGE DR	
CITY - ST - ZIP	EAU CLAIRE WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas F. Stumm	
2.3 STREET ADDRESS	2934 GREEN VIEW DR	
2.4 CITY - ST - ZIP	EAU CLAIRE, WI 54703	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *Thomas F. Stumm* **Thomas F. Stumm** 1/27/97 (715) 831-7520
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)