

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT - CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8875 Hidden River Parkway Suite, Apt. #, etc. 22 Suite 200 City & State 23 Tampa, FL Zip 24 33637	2a. Mailing Address 26 8875 Hidden River Parkway Suite, Apt. #, etc. 27 Suite 200 City & State 28 Tampa, FL Zip 29 33637	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified
07/13/1988

4. FEI Number 39-0965082	Applied For <input type="checkbox"/> Not Applicable
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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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 Kusha, Siamak	
82 Street Address (P.O. Box Number is Not Acceptable) 18111 Regents Square Drive	
83	
84 City Tampa	85 Zip Code FL 33647

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]* **Siamak Kusha, PE, Regional Vice President**

Signature of officer or director of corporation required when reinstating. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE PO	<input type="checkbox"/> DELETE
NAME GLASSHOF, KEITH E.	
STREET ADDRESS 2033 HENRY AVENUE	
CITY-ST-ZIP EAU CLAIRE WI	
TITLE AS	<input type="checkbox"/> DELETE
NAME STUMM, THOMAS F	
STREET ADDRESS 2934 GREEN VIEW DR	
CITY-ST-ZIP EAU CLAIRE WI	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

[Signature] **2/26/98**

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*****158.75**

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]* **Thomas F Stumm 2/26/98 (715) 831-7520**

CR2E034 (10/97)