

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

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-23-1999 90028 026 \*\*\*\*\*158.75

**DOCUMENT # P20042**

1. Corporation Name  
**OWEN AYRES & ASSOCIATES, INC.**



Principal Place of Business 8875 HIDDEN RIVER PARKWAY SUITE 200 TAMPA FL 33637	Mailing Address 8875 HIDDEN RIVER PARKWAY SUITE 200 TAMPA FL 33637
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/13/1988	
4. FEI Number 39-0965082	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KUSHA, SIAMAK**  
**18111 REGENTS SQUARE DRIVE**  
**TAMPA FL 33647**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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	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 checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: Thomas F. Stumm **Thomas F. Stumm** 1/6/99 (715) 831-7520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)