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 FEB 14 PM 12: 12

DOCUMENT # P92000006737 (0)

1. Corporation Name

OWEN INTERIORS, INC.

Principal Place of Business: 2466 N. WESTWOOD DRIVE, N. FORT MYERS FL

Mailing Address: 2466 N. WESTWOOD DRIVE, N. FORT MYERS FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1992

3a. Date of Last Report: 03/10/1994

4. FEI Number: 65-0378004 ☐ 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

2. Principal Place of Business
21 9580 SHADOW OAK LANE
22 Suite, Apt #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 9580 SHADOW OAK LANE
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

OWEN, SHERRI
2466 N. WESTWOOD DRIVE
N. FORT MYERS FL

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OWEN, KEVIN
STREET ADDRESS	2466 N. WESTWOOD DRIVE
CITY - ST - ZIP	N. FT. MYERS FL 33917
TITLE	VSTD
NAME	OWEN, SHERRI
STREET ADDRESS	2466 N. WESTWOOD DRIVE
CITY - ST - ZIP	N. FT. MYERS FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☒ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	9580 SHADOW OAK LANE	
1 4 CITY - ST - ZIP		
2 1 TITLE		☒ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	9580 SHADOW OAK LANE	
2 4 CITY - ST - ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		☐ Change ☐ 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 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 the 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: Sherri Owen SHERRI OWEN Vice President — 2-7-95 — 813 455 3510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0403160 IN