Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90154 019 ***300.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047712

1. Corporation Name

OWENS COMMUNICATION CORPORATION						
Principal Place	e of Business	Mailing Address) 1901/991 (10 18100 2111) MB111 AB111 AD111
106 SE 5TH ST	ī,	P.O. BOX 634	4.4220			
OKEECHOBEE FL 34974-4320 OKEECHOBEE FL 34974-4320						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 06/30/1993
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21						65-0426917 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Security Securi
22	27	-			5. Certificate of Status Desired Fee Required	
City & State	е ,	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	∟ Zip		ountry		8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. Yes No
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name and Address of New Registered Agent
OWE	INC IW			"	Name	
OWENS, J W 106 SE 5TH ST.				82	Street /	Address (P.O. Box Number is Not Acceptable)
				-		
OKEECHOBEE FL 34974-4320				83		
				84	City	FL 85 Zip Code
l office or n	egistered agent, or both, in the S m familiar with, and accept the of	itate of Florida, Such change w bligations of, Section 607.0505	as authonz Florida St	ed by atutes	tne corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
				legistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		S AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
mre i	D	ריו מפנבוו	I	TITLE		
NAME	OWENS, J W			NAME		
STREET ADDRESS	505 SW 8TH ST.	Post of the control o			T ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL			CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	D	☐ DELETI		TITLE	Į	Change — Addition
NAME	OWENS, GAIL		I -	NAME]	
STREET ADDRESS	505 SW 8TH ST.				T ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL			CITY-S	ST-ZIP	Change Addition
TITLE		☐ DELETI	1	TITLE	\	Change D Addition
NAME	·			NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP			_	CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	•	☐ DELET		TITLE	- 1	Change Addition
NAME		•		NAME		
STREET ADDRESS			4.3	STREE	TADDRESS	
CITY-ST-ZIP				CITY-S	T-ZIP	
TITLE :		☐ DELETI	5.1	TITLE	1	☐ Change ☐ Addition

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 an powered 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 an an attachment with an appears, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

πιε

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition