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 MAR 17 AM 10:36

DOCUMENT # P94000008093 (4)

1. Corporation Name
DOWELL SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~4713 GUNN HIGHWAY~~ ~~TAMPA FL 33624~~	~~4713 GUNN HIGHWAY~~ ~~TAMPA FL 33624~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8903 Plum Grove Ct.	26 8903 Plum Grove Ct.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA, Fl.	28 City & State: TAMPA, Fl.
24 Zip: 33634 25 Country: USA	29 Zip: 33634 30 Country: USA

4. FEI Number: 59-3219953 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOWELL, VERN ~~4713 GUNN HIGHWAY~~ ~~TAMPA FL 33624~~	81 Name: DOWELL, VERN 82 Street Address (P.O. Box Number is Not Acceptable): 8903 Plum Grove Ct. 83 84 City: TAMPA FL 85 Zip Code: 33634

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: Vern Dowell VERN DOWELL, President 3/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DOWELL, VERN	1.2 NAME	
STREET ADDRESS	8903 PLUM GROVE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DOWELL, LINDA	2.2 NAME	
STREET ADDRESS	8903 PLUM GROVE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KINDRICK, CHARLES	3.2 NAME	
STREET ADDRESS	1710 BELLE CHASE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DOWELL, DOUG	4.2 NAME	
STREET ADDRESS	4150 ADDISON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22030	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, FRED	5.2 NAME	
STREET ADDRESS	2615 S. WESTSHORE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Resigned 1/23/95 ☐ Change ☐ Addition
NAME	~~SMITH, SUSAN~~	6.2 NAME	
STREET ADDRESS	~~2615 S. WESTSHORE BLVD.~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL 33629~~	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)(k), 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: Vern Dowell VERN DOWELL President 3/14/95 813-249-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100000 CP