

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000008093 (4)

1. Corporation Name

DOWELL SYSTEMS, INC.

Principal Place of Business

8903 PLUM GROVE CT
TAMPA FL 33634
US

Mailing Address

8903 PLUM GROVE CT
TAMPA FL 33634
US



3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report
03/17/1995

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DOWELL, VERN
8903 PLUM GROVE CT
TAMPA FL 33634

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

Signature, typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DOWELL, VERN
STREET ADDRESS 8903 PLUM GROVE COURT
CITY-ST-ZIP TAMPA FL 33634 ☐ DELETE

TITLE D
NAME DOWELL, LINDA
STREET ADDRESS 8903 PLUM GROVE COURT
CITY-ST-ZIP TAMPA FL 33634 ☐ DELETE

TITLE D
NAME KINDRICK, CHARLES
STREET ADDRESS 1710 BELLE CHASE CIRCLE
CITY-ST-ZIP TAMPA FL 33634 ☐ DELETE

TITLE D
NAME DOWELL, DOUG
STREET ADDRESS 4150 ADDISON RD.
CITY-ST-ZIP FAIRFAX VA 22030 ☐ DELETE

TITLE D
NAME SMITH, FRED
STREET ADDRESS 2615 S. WESTSHORE BLVD.
CITY-ST-ZIP TAMPA FL 33629 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(c), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERN DOWELL

4/30/96

813-249-8400

Date

Daytime Phone

CR2E034 (12/95)