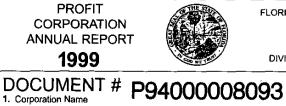
**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90066 031 \*\*\*150.00

DOWEL	L SYSTEMS, INC.					C SERVICES HE VALLE GRAIN REM	<b>CC</b> HH <b>10</b> 14 <b>CS</b> HI	<b>ac</b> ara ( <b>a</b> ak) <b>ac</b> kl	L 4 <b>0400</b> (496 4 <b>00</b> 4	
Principal Place	ce of Business	Mailing Address								
		Mailing Address								
7028 W. WATE TAMPA FL 336		P.O. BOX 21728 TAMPA FL 33622-1728								
US		US			DO NOT WRITE IN THIS SPACE					
l ,						3. Date Incorporated or Qualife	ed			]
					01/24/1994				j	
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number		Ap	plied For		
21		26			59-3219953		No.	ot Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional		
City & Sta		27)			<del> </del>			equired	-	
<del></del>	ie .		City & State			6. Election Campaign Financin	g 🖂		May Be	]
Zip	Country		Cou	ntry		Trust Fund Contribution		Added	to Fees	-
24	25	29 (30	_	110 у		This corporation owes the corporation owes.	ırrent year int	angible □Yes	DLKO	1
241	9. Name and Address of Current		<u>u</u>			10. Name and Address of Nev	Registered		CBIAG	1
		inagiotal or Marin		81 1	Name	Tot Marie and Marieso of Mer	riogisterou	- gont		1
DOV	WELL, VERN									1
702	B W WATERS AVENUE			82 5	Street Add	dress (P.O. Box Number is Not Acce	otable)			
TAN	IPA FL 33634			83						1
				$\sqcup \bot$						1
				84 (	City		FL	85   Zip (	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the at	oove-na	amed cor	poration submits this statement for th	e purpose of	changing its	registered	1
office or i	registered agent/ or both, in the State o im familiar with, and accept the obligation	f Florida. Such change was auth	norized	by the	e corporat	ion's board of directors. I hereby acc	ept the appoin	ntonent as re	gistered	
	Plan (	Vocaled Noss, Honor	a State	ics.			4/301	199		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered	Agent sig	gnature requir	ed when reinstating)	DATE			🚓
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS AN		RS IN 12	CR2E034 (11/98)
TITLE	D	☐ DELETE	1.1 TITLE		- 1			Change	Addition	ΙΞ
NAME	DOWELL, VERN	,	1.2 NA	ME	ļ	- WATER E	N 0			엉
STREET ADDRESS	2000 / 2011 - 0110 - 010111		1.3 ST	REET ADI	DRESS 7	7028 W. WATERS	HUE.	. 1		
CITY-ST-ZIP	<del></del>		1.4 CIT	Y-ST-ZIF	Р	TAMPA, FL.	3363	4		[ 22
TITLE	D	☐ DELETE	2.1 TrT	ĽΕ					☐ Addition	0
NAME	DOWELL, LINDA		2.2 NA	ME		TOZB W. WATERS	- 44			ļ
STREET ADDRESS	8903 PLUM GROVE COURT		2.3 STI	REETADO	DRESS 7	7028 W. WHIELE	7 17 50			
CITY-ST-ZIP	TAMPA FL 33634		_	TY-ST-ZI	IP.			<del></del>		ļ
TITLE	D DELETE 3.1 TIT		LE				Change	Addition		
NAME	DOWELL, DOOG		3.2 NA	ME	[					l
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CITY-ST-ZIP	F7			Y-ST-ZI	IP					-
TITLE	D	☐ DELETE	4.1 TIT					☐ Change	Addition	
NAME	SMITH, FRED	1	4. 2 NA							(
STREET ADDRESS 2615 S. WESTSHORE BLVD.			4.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL 33629	DELETE	4.4 C/TY-		<u>-                                    </u>			П.С	F7 A 4400	1
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STREET ADDRESS			ľ		1					
CITY-ST-ZIP	, • <sup>™</sup>		0.4 (11)	Y-ST-ZIP	- 1				J	/

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 or any attachment with an address, with all other like empowered.

SIGNATURE: