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 # **P94000093750 (5)**

1. Corporation Name
OREN K. DOWDY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
215 6TH STREET S.W. WINTER HAVEN FL 33880	P.O. BOX 9471 WINTER HAVEN FL 33880-9471

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 512 6TH ST. N.W.
22: Suite, Apt. #, etc.
23: City & State: WINTER HAVEN FL.
24: Zip: 33881 Country: 25: USA

2a. Mailing Address
26: P.O. Box 9471
27: Suite, Apt. #, etc.
28: City & State: WINTER HAVEN FL.
29: Zip: 33883-9471 Country: 30: USA

4. FEI Number: 59-3285258 ☐ 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

DOWDY, OREN K
215 6TH STREET S.W.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name: DOWDY, OREN K.
82 Street Address (P.O. Box Number is Not Acceptable): 512 6TH ST N.W.
83:
84 City: WINTER HAVEN FL 85 Zip Code: 33881

11. Pursuant to the provisions of Section [illegible] 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] DATE: 1-18-96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, OREN K 215 6TH STREET S.W. WINTER HAVEN FL 33880	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D DOWDY, OREN K 512 6TH ST. N.W. WINTER HAVEN, FL 33881	☒ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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: [signature] OREN K. DOWDY 1-18-96 941-294-4498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number