

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000093750 (5)

1. Corporation Name

OREN K. DOWDY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8
WINTER HAVEN FL 33881
US

PO BOX 9471
WINTER HAVEN FL 33883-471
US




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 512 6TH ST NW		26 512 6TH ST NW		12/27/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3285258	
City & State		City & State		Applied For	
23 WINTER HAVEN, FL		28 WINTER HAVEN, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33881		29 33881		30 USA	
Country		Country		8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Trust Fund Contribution	
DOWDY, OREN K		81 Name		8. This corporation owes or has paid the current year Intangible	
512 6TH ST NW		82 Street Address (P.O. Box Number is Not Acceptable)		Personal Property Tax due June 30.	
WINTER HAVEN FL 33884		83 City		Yes No	
		84 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



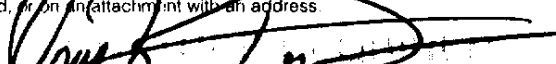
(NOTE: Registered Agent signature required when reinstating)

4-27-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	DOWDY, OREN K	1.2 NAME	
STREET ADDRESS	512 6TH ST NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:



4-27-98 941-294-4498

CR2E034 (10/97)