

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000094394 (1)**

1. Corporation Name

**OVEN, GWYNN & MILLER, P.A.**

Principal Place of Business

**316 WILLIAMS ST.  
TALLAHASSEE FL 32303**

Mailing Address

**P.O. BOX 10508  
TALLAHASSEE FL 32302-2508**

FILED  
Apr 21 1997 8:00am  
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/01/1995		03/04/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3284946		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STRICKLAND, T W JR  
316 WILLIAMS ST.  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name  
**George H. Gwynn**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**316 Williams Street**  
83  
84 City  
**Tallahassee**  
85 Zip Code  
**FL 32303**

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

*George H. Gwynn*

**George H. Gwynn**

1/15/97

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GWYNN, GEORGE H</b>	1.2 NAME	
STREET ADDRESS	<b>316 WILLIAMS ST.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TALLAHASSEE FL 32303</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, WILLIAM J JR</b>	2.2 NAME	
STREET ADDRESS	<b>316 WILLIAMS ST.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TALLAHASSEE FL 32303</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRICKLAND, T W JR</b>	3.2 NAME	
STREET ADDRESS	<b>316 WILLIAMS ST.</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TALLAHASSEE FL 32303</b>	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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:

*George H. Gwynn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0048 13

CR2E034 (9/96)