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

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000094394 (1)

OVEN, GWYNN & MILLER, P.A.

Principal Place of Business	Mailing Address
316 WILLIAMS ST. TALLAHASSEE FL 32303	P.O. BOX 10508 TALLAHASSEE FL 32302

## **FILED** May 01 1998 8:00am Secretary of State



TALLAHASSEE FL 32303		TALLAHASSEE FL 32302		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified	OI NOL	-		
					01/01/1995				
2. Principal P	lace of Business	2a. Mailing Addres	\$		4. FEI Number		Applied For		
21 26					59-3284946		Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, et	lc.		5. Certificate of Status Desired		.75 Additional se Required		
City & State	Ð	City & State	h '		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country 26	Zip 29	Coun	try	8. This corporation owes or has paid the cu		ear Intangible		
**!	9. Name and Address of Curre		100	···	10. Name and Address of New Registered				
G	VYNN, GEORGE H			Name					
31	6 WILIAMS STREET		\ <u></u>						
	LLAHASSEE FL 32303		Į*	Street Add	dress (P.O. Box Number is Not Acceptable)				
"	THE REPORT OF THE PERSON		la la	13					
			[8	City	FI	85	Zip Code		
44 Purcunet	to the previsions of Sections 607.05	02 and 607 1609 Florida	Statutes the abo	l named so		e L	aina ita ragistarad		
office or reagent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change gations of, Section 607.05	was authorized 05, Florida Statu	by the corporates.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	pointme	ent as registered		
SIGNATURE	Signature: typed or printed name of registered ac	yent and tille if applicable	(NOTE Registered	Agent signature req	uired when reinstaling) DATE				
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	D	DELE	TE 1.1 TITL	E		Ch	ange Addition		
NAME	gwynn, george h		1.2 NAN	IE }					
STREET ADDRESS	316 WILLIAMS ST.		1.3 STR	EET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 City	'-ST-ZIP					
TITLE	0	DELE			· · · · · · · · · · · · · · · · · · ·	Ch	ange Addition		
NAME	MILLER, WILLIAM J JR	_	2.2 NAM	rE )			_		
STREET ADDRESS	316 WILLIAMS ST.			EET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32303			Y-ST-ZIP					
TITLE		DELE				Ch	ange Addition		
NAME			3.2 NAW	· 1					
1									
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		DELE		Y-ST-ZIP		Ch	ange Addition		
TITLE		المال الما					erific 🗀 vadition		
NAME			4. 2 NA)						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		——————————————————————————————————————		-ST-ZIP		<u> </u>	T		
TITLE		☐ DELE	TE 5.1 TITU	E		☐ Ch	ange		
NAME			5.2 NAM	IE :					
STREET ADDRESS			5.3 STRI	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		DELE	TE 6.1 TITL	E T		Ch	ange Addition		
HAME			6.2 NAM	KE					
STREET ADDRESS			6.3 STRI	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
	ertify that the information supplied	with this filing done not gu			n Section 119 07/3Vi) Florida Statutes I further o	ortify th	at the information		

indicated on this annual report or supplies with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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.

4/24/98