


APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	AND FILED
DOCUMENT # PA6 000039027 1. Corporation Name OWENS & COMPANY CONSTRUCTION INC.			97 SEP 17 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <div style="text-align: center; font-size: 1.5em;">-amended-</div>		Mailing Address <div style="text-align: center; font-size: 1.5em;">-amended-</div>	
2. Principal Place of Business 21 150 AZALEA Suite, Apt. #, etc. 22 B City & State 23 DESTIN FL Zip 24 32578		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	
3. Date Incorporated or Qualified 04/26/1996		3a. Date of Last Report 04/26/1996	
4. FEI Number 59-3443835		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent Gary Owens 1616 25th Street Niceville FL 32578		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE President <input type="checkbox"/> DELETE NAME Gary E. Owens STREET ADDRESS 1616 25th Street CITY-ST-ZIP Niceville FL 32578 TITLE VICE President <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME JOSEPH P GRIMES 23 STREET ADDRESS 7104 BIG DADDY DRIVE 24 CITY-ST-ZIP PANAMA CITY BCH FL 32407 31 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME ALVA R BAKER 33 STREET ADDRESS 412 JUNIPER DRIVE 34 CITY-ST-ZIP FREEPORT FL 32439 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: Gary Owens		7-31-97 (850) 654-8845	