

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jun 04 1998 8:00am  
Secretary of State

DOCUMENT # P97000018030 (1)

1. Corporation Name

DOWELL MANUFACTURING INC.



Principal Place of Business

Mailing Address

1200 WEST STATE ROAD 434, SUITE 124  
LONGWOOD FL 32750

1200 WEST STATE ROAD 434, SUITE 124  
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

59-3430630

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81

Name

Michael S. Dowell

82

Street Address (P.O. Box Number is Not Acceptable)

1200 W. S.R. 434 Ste 124

83

84

City

Longwood

FL

85

Zip Code

32750

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 607.0503, Florida Statutes.

SIGNATURE

Signature of individual or principal officer or director of the corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

6/1/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOWELL, DAVID R	
STREET ADDRESS	1200 WEST STATE ROAD 434, SUITE 124	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOWELL, DEBRA C	
STREET ADDRESS	1200 WEST STATE ROAD 434, SUITE 124	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOWELL, SHARON	
STREET ADDRESS	1200 WEST STATE ROAD 434, SUITE 124	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOWELL, MICHAEL S	
STREET ADDRESS	1200 WEST STATE ROAD 434, SUITE 124	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

CR2E034 (10/97)