

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90019 019 ***150.00

DOCUMENT # P98000030573

1. Corporation Name
OWENS GROUP, INC.



Principal Place of Business
~~1905 KIMBALL COURT S~~
~~LAKELAND FL 33813~~

Mailing Address
~~1905 KIMBALL COURT S~~
~~LAKELAND FL 33813~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1510 Ariana ST
Suite, Apt. #, etc. #36

22 City & State
23 Lakeland FL

24 Zip 33803 25 Polk Country

2a. Mailing Address
26 Same
Suite, Apt. #, etc. Same

27 City & State
28 Same

29 Same 30 Same Country

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number 59 3505622 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OWENS, ROSALIE M
1905 KIMBALL COURT S
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name John A Owens
82 Street Address (P.O. Box Number is Not Acceptable) 1510 Ariana ST.
83 #36
84 City Lakeland FL 85 Zip Code 33803

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 *John A Owens*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME OWENS, JOHN A
STREET ADDRESS 1905 KIMBALL COURT S
CITY-ST-ZIP LAKELAND FL 33813 ☐ DELETE

TITLE D
NAME OWENS, ROSALIE M
STREET ADDRESS 1905 KIMBALL COURT S
CITY-ST-ZIP LAKELAND FL 33813 ☒ DELETE

TITLE D
NAME OWENS, RAY P
STREET ADDRESS 2909 DREWY AVENUE
CITY-ST-ZIP LAKELAND FL 33803 ☐ DELETE

TITLE D
NAME JACKSON, MARY ANGELA
STREET ADDRESS 2316 MILES COURT
CITY-ST-ZIP LAKELAND FL 33813 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO
1.2 NAME John A Owens ☒ Change ☐ Addition
1.3 STREET ADDRESS 1510 Ariana ST #36
1.4 CITY-ST-ZIP Lakeland FL 33803

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

John A Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-12-99 941-603-7107

Daytime Phone #

CR2E034 (11/98)

0434521