

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

FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S32714 (5)  
1. Corporation Name  
WALT DOWMAN'S MID-FLORIDA TEXTILES, INC.



Principal Place of Business Mailing Address  
4677 L.B. MCLEOD ROAD  
SUITE G  
ORLANDO FL 32811  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/18/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2371326	
24 Country		29 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWMAN, WALTER J.  
530 E CENTRAL  
SUITE 102  
ORLANDO FL 32801

81 Name Walter J. DOWMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
4677 L.B. McLeod Road  
83 Suite G  
84 City Orlando FL 85 Zip Code 32811

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 Walter J. DOWMAN DATE 3/26/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOWMAN, WALTER F.			1.2 NAME	GARY ARWIN		
STREET ADDRESS	530 E CENTRAL #102			1.3 STREET ADDRESS	4677 L.B. McLeod Road Suite G		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando, FL 32811		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOWMAN, MARTHA L.			2.2 NAME	Richard Budnik		
STREET ADDRESS	530 E CENTRAL #102			2.3 STREET ADDRESS	4677 L.B. McLeod Road Suite G		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Orlando, FL 32811		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWMAN, WALTER J.			3.2 NAME			
STREET ADDRESS	530 E CENTRAL #102			3.3 STREET ADDRESS	4677 L.B. McLeod Road Suite G		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Orlando, FL 32811		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWMAN, ROBERT T.			4.2 NAME			
STREET ADDRESS	530 E CENTRAL #102			4.3 STREET ADDRESS	4677 L.B. McLeod Road Suite G		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	Orlando, FL 32811		
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 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.

CR2E034 (10/97)