FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 #171

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V00280 (0)

1. Corporation Name
DOWELL MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
991 N SPRING GARDEN AVE DELAND FL 32721	300 INTERNATIONAL PKWY #250 HEATHROW FL 32746 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21 300 International Pkwy
Suite, Apt. #, etc.
22 Suite 250
City & State
23 Heathrow, FL 32746
Zip 24 32746 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3099241 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOWELL, MICHAEL S.
1200 N STONE ST
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: Michael S. Dowell
82 Street Address (P.O. Box Number is Not Acceptable): 300 International Pkwy.,
83 Suite 250
84 City: Heathrow FL 85 Zip Code: 32746

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: [signature] Michael S. Dowell Controller DATE: 2/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	DOWELL, MICHAEL S	1.2 NAME		
STREET ADDRESS	991 CITRUS WOOD CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DOWELL, DAVID R	2.2 NAME	Dowell, David R	
STREET ADDRESS	756 LINCOLN DR	2.3 STREET ADDRESS	3080 Timpana Point	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	DOWELL, CLYDE R	3.2 NAME	Dowell, Clyde R	
STREET ADDRESS	2820 SUN LAKE LOOP #102	3.3 STREET ADDRESS	227 Wimbledon Circle	
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	Heathrow, FL 32746	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 1/4/95 407/333-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040463 CP