

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V00280** (0)

1. Corporation Name

DOWELL MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

**300 INTERNATIONAL PKWY
SUITE 250
HEATHROW FL 32746
US**

**300 INTERNATIONAL PKWY
S250
HEATHROW FL 32746
US**

3. Date Incorporated or Qualified

12/16/1991

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3099241

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOWELL, MICHAEL S.
300 INTERNATIONAL PKWY.
SUITE 250
HEATHROW FL 32746**

81. Name

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

1200 W. State Road 434

83

SUITE 124

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer (signing)

(If filer is Registered Agent, signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DOWELL, MICHAEL S**
STREET ADDRESS **991 CITRUS WOOD CT**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **DOWELL, DAVID R**
STREET ADDRESS **3080 TIMPANO POINT**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **DOWELL, CLYDE R**
STREET ADDRESS **227 WIMBLEDON CIRCLE**
CITY-ST-ZIP **HEATHROW FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. DOWELL, PRESIDENT

D-5

Daytime Phone #

CR2E034 (12/95)