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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # 647931

(5)

BOWMAN, HOEL AND ASSOCIATES, INC.

FILED

May 02 1997 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address					
5409-16TH STREET.M. ST. PETERSBURG FL 33703			5409-16TH STREET.N. St. Petersburg FL 33703-2003					
						3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1979 06/05/1996		
2. Principal Pl	ace of Business	Freq **	2a. Mailing Address 26			4. FET Number Applied For 59-1974915 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			S8 75 Additional		
22		27	27			5. Certificate of Status Desired E. Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Bo		
23		28	28			Trust Fund Contribution Added to Fees		
Zıp	Country	Ζφ		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25			Florida Statutes Yes 🔀 No				
		of Current Registered Agent				10. Name and Address of New Registered Agent		
	/MAN III, JACKSON H.			81	Name			
	-16TH STREET,N.			82	Street A	Address (P.O. Box Number is Not Acceptable)		
ST. F	Petersburg FL 3370	3						
				83				
				84	City	FL 85 Zip Code		
11. Pursuant to office or reagent. Lar	to the provisions of Section egistered agent, or both, i m familiar with, and accer	ns 607.0502 and 607.1508, Flori in the State of Florida. Such char of the obligations of, Section 607	da Statutes, thi ige was author .0505, Florida	ié abovo rized by Statutes	o-named c the corpus.	l corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE						6 required when reinstaturg) DATE		
12.		registered agent and title if applicable. ICERS AND DIRECTORS		13.	in signative ii	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CTD	D D		117HLE	Т	Change Addition		
NAME	BOWMAN III, JACKS	•		1.2 NAME				
STREET ADDRESS	5409-16TH STREET,N			1,3 \$18EE1	ADORESS			
CITY-ST-ZIP	ST. PETERSBURG FL			1,4 C(1Y - \$				
TITLE	PSD			2 1 111LE		Change Addition		
NAME	HOEL, CLAIRE M.		1	2 2 NAME				
STREET ADDRESS	5409-16TH STREET,N	1.	• 1:	2 3 STREET	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		1	2 4 CHY-5	S1 - 7IP			
TITLE			attie :	3 1 1811		Change Addition		
NAME				3 2 NAME				
STREET ADDRESS				3 3 STREET	ADDRESS			
CITY-ST-ZIP				3,4. CHY-5	\$1 - 7IP			
TITLE		□ 0	SLEDE /	4 1 TITLE		Change Addition		
NAME			1	4 2 NAME				
STREET ADDRESS			1	4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4.CITY - S	a - zer			
TITLE		□D	ELETE	5 1 Hill	1	☐ Change ☐ Addition		
NAME			,	5.2 NAME	1			
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-\$T-ZIP				54 CHY-S	71 - 71P			
TITLE			ELETE E	611MLF		Change Addition		
NAME				6.2 NAML				
STREET ADDRESS			F	6.3 STREET	ADORESS			
CITY-ST-ZIP				64 CHY-S				
informatio I am an oi	in indicated on this annual fricer or director of the cor	l report or supplemental annual i	report is true a se empowered	and accu Ho exec	urate and :	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the d that my signature shall have the same legal effect as if made under oath. that report as required by Chapter 607, Horida Statutes; and that my name.		