PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 647931

1. Corporation Name

BOWMAN, HOEL AND ASSOCIATES, INC.						 	(1107 B1011 B1311	Bidii Digii Bi	G(1 G(2)) (86)
Principal Place of Business Mailing Address						I IMANAM ANGHI ANDAH NOMAM IMTUM ANIA	I (IBF BFBFI QIBII)	REMER BURNERS	Dit DIEK (BD)
5409-16TH STREET.N. 5409-16TH STREET.N.									
ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
l						12/11/1979			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For
21						59-1974915		Not	Applicable
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			5. Certifcate of Status Desired		8.75 A		
22	27				5. Certificate of Status Desired		Fee Red	uired	
City & Stat	6	City & State	City & State			6. Election Campaign Financing		\$5.00 N	
23	Carretai	28	ip Country			Trust Fund Contribution Added to Fees			
Zip				ıuy	1	8. This corporation owes the currer	· <u>-</u>		⊒No I
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax. 10. Name and Address of New Re			
	o. Hallo and Addition of Galloni	Tragestra Angelia		81 N	lame		<u> </u>		$\neg \neg$
BOWMAN III, JACKSON H.				-		(D.O. D			
5409-16TH STREET,N.				82 5	street Addres	s (P.O. Box Number is Not Acceptab	ie)		
ST. PETERSBURG FL 33703				83					
•				84 (Nik.		т;	el z:- C	
				84	City		FL I	5 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the ab	OVE-III	amed corpor	ation submits this statement for the pr	urpose of cha	nging its r	egistered
agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statul	ον ιne tes.	corporation	s board of directors. I hereby accept	ие арроиния	ent as reg	stered
SIGNATURE							•		
				lgent sig	nature required w	ADDITIONS/CHANGES TO OFFI	CEDS AND F	UDECTOR	DC (N) 42
TITLE	OFFICERS AND DIRECTORS 13.		1.1 TITE			ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	BOWMAN III, JACKSON H.		1.2 NAM		}		_	,	
STREET ADDRESS	5409-16TH STREET,N.		1.3 STREE		DRESS				Ī
CITY-ST-ZIP	AT DESCRIPTION OF			1-ST-ZI					ļ
TITLE	PSD	☐ DELETE	2.1 TITL			·		Change	Addition
NAME	HOEL, CLAIRE M. 221		2.2 NAM	Æ					ļ
STREET ADDRESS	W		2.3 STR	REET ADI	DRESS				\$
CITY-ST-ZIP	ST. PETERSBURG FL 2-		2.4 CIT	Y-ST-ZI	iP _				
TITLE .	DELETE 3.1		3.1 TITL	3.1 TITLE				Change	Addition
NAME }			3,2 NAME)
STREET ADDRESS	3.3		3.3 STR	3.3 STREET ADDRESS					ľ
CITY-ST-ZIP			3.4. CITY-		P	3 370			-
TITLE	DELETE 4.11		4.1 TITL	4.1 TITLE) Change	Addition
NAME	l I			4. 2 NAME					
STREET ADDRESS	1			.3 STREET ADDRESS					{
CITY-ST-ZIP				Y-ST-ZII	P		<u>_</u> _	Change	Addition
TITLE		☐ nereit	5.1 TTTL 5.2 NAM					Change	☐ Addition
NAME STREET APORESS				EFT ADI	DRESS		•		Ì

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 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RCLAIRE M. HOE

☐ DELETE

Change

Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90186 029 ***150.00