

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 12 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 # P94000092527 (8)  
 1. Corporation Name

BOWMAN INTERNATIONAL DISC, INC.



Principal Place of Business  
 4304 BEACH PARK DRIVE  
 TAMPA FL 33609

Mailing Address  
 4304 BEACH PARK DRIVE  
 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/22/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3287165	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30		<input type="checkbox"/> <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
ULMER, JAMES III 4304 BEACH PARK DRIVE TAMPA FL 33609				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ULMER, JAMES III 4304 BEACH PARK DRIVE TAMPA FL 33609				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL		85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULMER, JAMES JR.	1.2 NAME	
STREET ADDRESS	BRYSON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOPWOOD PA 15445	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULMER, JAMES III	2.2 NAME	
STREET ADDRESS	4304 BEACH PARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULMER, DAVID	3.2 NAME	
STREET ADDRESS	325 SARATOGA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONTOWN PA 15401	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULMER, WILLIAM	4.2 NAME	
STREET ADDRESS	192 S. BEESON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONTOWN PA 15401	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDISH, CLAIRE	5.2 NAME	
STREET ADDRESS	3 LYDIA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONTOWN PA	5.4 CITY-ST-ZIP	
TITLE		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	

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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.

SIGNATURE: *James A. Ulmer* NAME: JAMES A. ULMER 7/20/98 (813) 286-1295

CR2E034 (5/98)

Florida Department of State  
Division of Corporations  
Attn: Annual Reports  
P.O. Box 6327  
Tallahassee, FL 32314

*pfj*

To whom it may concern:

Enclosed is the 1998 Annual Report packet from Bowman International DISC, Inc. The form I received to complete for filing was marked "2nd NOTICE" - however, it was the first notice I received.

Upon my receipt of this 2nd notice, I called your office and spoke to a supervisor by the name of Kim R., who gave me reason to believe the first notice, after being mailed to me, was returned to your offices as "undeliverable." Our address has not changed, so I am not sure why it was "undeliverable."

After discussing this with Kim R., I am enclosing our annual report filing fee of \$150.00. Due to the fact that I never received the first notice, I would request that you waive the penalty of \$400.00 as would be applied to a late filing. Please notify me if for any reason this is unacceptable.

I appreciate your time today.

Sincerely,

*James A. Ulmer III*

James A. Ulmer, III  
Secretary and Treasurer  
Bowman International DISC, Inc.