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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **456936** (4)
1. Corporation Name
BOWERS PUBLISHING COMPANY OF FLORIDA, INC.

Principal Place of Business Mailing Address
P O BOX 7077 P O BOX 7077
WESLEY CHAPEL FL 33543-4077 WESLEY CHAPEL FL 33543-4077

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/16/1974** 3a. Date of Last Report: **02/03/1994**
4. FEI Number: **25-1201571** 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**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BOWERS, MARK L
4716 TAMPA DOWNS BLVD
LUTZ 33549

10. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME **BOWERS, MARK L.**
STREET ADDRESS **4716 TAMPA DOWNS BLVD**
CITY-ST-ZIP **LUTZ FL**
TITLE ~~VP~~
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
TITLE
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 VP Change Addition
2.2 NAME **BOWERS, GEORGE R.**
2.3 STREET ADDRESS **6079 OLD PASCO RD**
2.4 CITY-ST-ZIP **WESLEY CHAPEL, FL 33544**
3.1 TITLE D Change Addition
3.2 NAME **BOWERS, HELEN L.**
3.3 STREET ADDRESS **6079 OLD PASCO RD**
3.4 CITY-ST-ZIP **WESLEY CHAPEL, FL 33544**
4.1 TITLE D Change Addition
4.2 NAME **BOWERS, CAROL L.**
4.3 STREET ADDRESS **4716 TAMPA DOWNS BLVD**
4.4 CITY-ST-ZIP **LUTZ, FL 33549**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE **SPT 1/23** Change Addition
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 110.07(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: Mark L. Bowers **MARK L. Bowers** 1-14-95 813 973 3981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #