

**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 # 456936 (4)**

1. Corporation Name  
**BOWERS PUBLISHING COMPANY OF FLORIDA, INC.**



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

3. Date Incorporated or Qualified: **07/16/1974**  
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business (21-23) and Mailing Address (26-28) fields with handwritten zip codes **33543-7077** circled.

4. FEI Number: **25-1201571**  
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

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

10. Name and Address of New Registered Agent (81-85):  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE: <b>P</b>	<b>BOWERS, MARK L. 4716 TAMPA DOWNS BLVD LUTZ FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>D</b>	<b>BOWERS, HELEN L 6079 OLD PASCO ROAD WESLEY CHAPEL FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>D</b>	<b>BOWERS, CAROL L 4716 TAMPA DOWNS BLVD LUTZ FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>VP</b>	<b>BOWERS, GEORGE R 6079 OLD PASCO RD WESLEY CHAPEL FL 33544</b>	<input type="checkbox"/> DELETE
TITLE: _____	_____	<input type="checkbox"/> DELETE
TITLE: _____	_____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	_____	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	_____	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY - ST - ZIP	<b>ZIP 33549</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY - ST - ZIP	<b>ZIP 33544</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY - ST - ZIP	<b>ZIP 33549</b>	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP	_____	<input type="checkbox"/>	<input type="checkbox"/>

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: Mark L Bowers 1-12-96 813 973 3981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)