

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G95684** (8)

1. Corporation Name

R.E. BOWEN AND ASSOCIATES INC.



Principal Place of Business

Mailing Address

~~8000 S. FED. HWY.
STE 303A
PORT ST LUCIE FL 34952
US~~

**2510 SE HAMDEN RD
PORT ST LUCIE FL 34952
US**

3. Date Incorporated or Qualified
04/11/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2510 S.E. HAMDEN RD**

27 Suite, Apt. #, etc.

22 City & State

28 City & State

23 **PORT ST LUCIE, FL**

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 **34952**

25 **ST LUCIE**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, J.D., III, ESQ.
1101 E OCEAN BLVD.
STUART FL 34995**

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 the corporation

(P.O. Box and Apartment numbers are not acceptable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD BOWEN, RON**
STREET ADDRESS **2510 S.E. HAMDEN ROAD**
CITY - ST - ZIP **PT. ST. LUCIE FL**

TITLE ☐ DELETE

NAME **ST BOWEN, PATRICIA**
STREET ADDRESS **2510 S.E. HAMDEN ROAD**
CITY - ST - ZIP **PT. ST. LUCIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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

Ron Bowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia M. Bowen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
DATE
407 3354368
DATE OF FILING

CR2E034 (12/95)