04-12-1999 90006 032 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST-1S \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	202119
4 Commention Manne	

Corporation Name

GOWER-GOHEEN REALTY, INC.

·									
Principal Place of Business Mailing Address					I INDICATE HER HER HER HER HER HER HER HER HER HE	i filliam ilksi midnä'ms	aŭ înmir aram a	1811 81811 1991	
200 BEACH DRI	VE NE (33701)	200 BEACH DRIV	E NE (33701)					•	
P.O. BOX 547					DO NOT IN	RITE IN THIS	SDACE		
ST. PETERSBURG FL 33731 ST. PETERSBURG FL 33731					3. Date Incorporated or Qualif		SPACE		
·	·				<u> </u>	05/01/1957		,,	
2. Principal Pl	ace of Business	2a. Mailing Add	ress			4. FEI Number			plied For
21		26				59-0820817			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5: Certificate of Status Desired \$8.75 Additional Fee Required					
City & State	9	- City & State	City & State			6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Curr	ent Registered Agent	10	A \	118	10. Name and Address of Nev	v Registered /	Agent	
				81	Name				
GOWER, GEORGE O. 545-20 AVE. N.E.				82	Street Addres	ss (P.O. Box Number is Not Acce	ptable)		
ST PETERSBURG FL 33704			83		in the second se		<u></u>		
	,			84	City -			85 Zip (Code
							<u> </u>		
l office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obli	te of Florida. Such char	nge was authoriz	zed by 1	the corporation	ation submits this statement for the submits of directors. I hereby ac	cept the appoi	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registe	red Agen	t signature required v	when reinstating)	DATE	•	——
12.		AND DIRECTORS		3.	. organization of the control of the	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	V			1 TITLE				Change	☐ Addition
NAME	GOWER, JOHN		1.3	2 NAME					
STREET ADDRESS	134 ARANDA ST NE		1.3	3 STREET	ADDRESS				1
CITY-ST-ZIP	ST PETE, FL 00000		1.4	4 CITY-ST	-ZIP				
TITLE	Р	1	DELETE 2.1	1 TITLE				☐ Change	☐ Addition
NAME (GOWER, GEORGE		2.3	2 NAME	1			•	1
STREET ADDRESS	545-20TH AVE., N.E.		2.3	3 STREET	ADDRESS				
CITY-ST-ZIP	ST PETE; FL-00000	استا د د ت	· · 2 .	4 CITY-S	T-Z!P		·		
TITLE			DELETE 3.	1 TITLE				Change	☐ Addition
NAME			3.3	2 NAME					
STREET ADDRESS			3.3	3 STREET	ADDRESS				
CITY-ST-ZIP			3.4	4. CITY+S	T-ZIP				
TITLE			DELETE 4.	1 TITLE				☐ Change	☐ Addition
NAME			4.	2 NAME					
STREET ADDRESS			4.3	3 STREET	ADDRESS				
CITY-ST-ZIP			4.4	4 CITY-ST	r-ZIP				
TITLE			DELETE 5.	1 TITLE			_	☐ Change	☐ Addition
NAME			5.3	2 NAME		•			ļ
STREET ADDRESS			5.3	3 STREET	ADDRESS				ł
CITY-ST-ZIP	·			4 CITY-\$1	r-ZIP				
TITLE			DELETE 6.	1 TITLE				☐ Change	☐ Addition
NAME:			. 6.3	2 NAME					
STREET ADDRESS	rest of the last		6.3	3 STREET	ADDRESS				
CITY-ST-ZIP	超 1		6.	4 CITY-\$1	r-zip				

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, with all other like empowered.

SIGNATURE:

4-5-99

727-894-5161

Daytime Phone #