

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 234689

(8)

1. Corporation Name

ROWE & NEWBERRY, INC.

Principal Place of Business

2728 20TH AVENUE NORTH
PO BOX 10250
ST PETERSBURG FL 33733

Mailing Address

2728 20TH AVENUE NORTH
PO BOX 10250
ST PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/23/1960

3a. Date of Last Report

08/04/1994

4. FEI Number

59-0899652

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

COCKE, W. A.
2728 20TH AVE NO
ST PETERSBURG FL 33713

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 Installing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COCKE, W A
STREET ADDRESS 2728 20TH AVE NO
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VST
NAME ZUMWALT, JAMES M, JR
STREET ADDRESS 315 6TH AVE
CITY-ST-ZIP INDIAN RCK BCH, FL 00000

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VD
NAME ROWE, GEORGE F
STREET ADDRESS 10200 S.W. 69TH CT.
CITY-ST-ZIP OCALA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D
NAME ZUMWALT, JAMES M, JR
STREET ADDRESS 315 6TH AVE
CITY-ST-ZIP INDIAN RCK BCH, FL 00000

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VD
NAME BULLINGTON, WILLIE, J.
STREET ADDRESS 13703 HERON CIR
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ 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)(b), 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:

W. A. Cocke W. A. Cocke, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-95

Date

813-323-1900

Telephone Number