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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33733-0250

3. Date Incorporated or Qualified  
03/23/1960

3a. Date of Last Report  
07/24/1996

2. Principal Place of Business

21 10832 SW 91ST AVE  
Suite, Apt. #, etc.

22

City & State

23 OCALA, FL

24 34481

Country

25 MARION

2a. Mailing Address

26 P.O. Box 3748  
Suite, Apt. #, etc.

27

City & State

28 OCALA, FL

29 3448-3748

Country

30 MARION

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. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME COCKE, W. A.  
1.3 STREET ADDRESS 10832 SW 91ST AVENUE  
1.4 CITY-ST-ZIP OCALA, FL 34481

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE VD  
5.2 NAME BULLINGTON, WILLIE J.  
5.3 STREET ADDRESS 10832 SW 91ST AVE  
5.4 CITY-ST-ZIP OCALA, FL 34481

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *Walker* *COCKE* *WALKER A. COCKE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)