

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **234689** (8)

1. Corporation Name

**ROWE & NEWBERRY, INC.**

Principal Place of Business

**10832 SW 91ST AVENUE  
OCALA FL 34481  
US**

Mailing Address

**P.O. BOX 3748  
OCALA FL 34478-3748  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/23/1960**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **COCKE, W.A.**  
STREET ADDRESS **10832 SW 91ST AVENUE**  
CITY-ST-ZIP **OCALA FL**

TITLE **VST** ☐ DELETE

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

TITLE **VD** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **VD** ☐ DELETE

NAME **BULLINGTON, WILLIE J**  
STREET ADDRESS **10832 SE 91RSST AVE**  
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VD  
BULLINGTON, WILLIE J  
4900 QUEEN PALM TERR NE  
ST PETERSBURG, FL 33703**

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.

SIGNATURE

CR2E034 (10/97)