

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 258191 (6)

1. Corporation Name

FOWLER-PENINSULA, INC.



Principal Place of Business

ROBERT W. FOWLER
400 LEVY RD
ATLANTIC BEACH FL 32233

Mailing Address

ROBERT W. FOWLER
400 LEVY RD
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified

04/20/1962

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FET Number

59-0967954

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOWLER, L.B.
400 LEVY ROAD
ATLANTIC BEACH FL 32233

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 in Block 12 or 13, whichever is applicable)

(Typed Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD

☐ DELETE

NAME

FOWLER, L B

STREET ADDRESS

400 LEVY RD

CITY - ST - ZIP

ATLANTIC BCH, FL 00000

TITLE

D

☐ DELETE

NAME

FOWLER, R W

STREET ADDRESS

400 LEVY RD

CITY - ST - ZIP

ATLANTIC BCH, FL 00000

TITLE

P

☐ DELETE

NAME

FOWLER, R W

STREET ADDRESS

400 LEVY RD

CITY - ST - ZIP

ATLANTIC BCH, FL 00000

TITLE

SD

☐ DELETE

NAME

FOWLER, CORALINE T

STREET ADDRESS

400 LEVY RD

CITY - ST - ZIP

ATLANTIC BCH, FL 00000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

904
246-4884

Chapter 607, Florida Statutes

CR2E034 (12/95)