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

CORPORATION ANNUAL REPORT 1998 DOCUMENT #
1. Corporation Name TED BOWMAN, INC. Principal Place of Business 311 N E 9TH ST OCALA FL 34470 2. Principal Place of Business

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

FILED Jan 15 1998 8:00am Secretary of State

(4)309182 Mailing Address 311 N E 9TH ST OCALA FL 34470 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1966 FEI Number 2a. Mailing Address Applied For 26 59-1155096 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing п Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 30 Personal Property Tax due June 30. 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BOWMAN, THEODORE J 311 N.E. 9TH STREET Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34470 Zip Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ___ Addition 1.1 TITLE BOWMAN, THEODORE J 1.2 NAME NAME 2440 N.E. 7TH STREET 1.3 STREET ADDRESS STREET ADDRESS OCALA FL 34470 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE 2.2 NAME DONIE, ANN M. NAME 10155 NW 15-MONON 10155 NW 154 MANR 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** Coral Springs FL 33071 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3,3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET AODRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-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.

SIGNATURE:

Theology & Bowshiller

1/6/98

352-732-8202