

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90237 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 384344

1. Corporation Name

BOMANAGEMENT CORPORATION



Principal Place of Business  
1640 CAPE HOPE AVENUE NE  
APT #4  
ST PETERSBURG FL 33702  
US

Mailing Address  
1640 CAPE HOPE AVENUE NE  
APT #4  
ST PETERSBURG FL 33702  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1971

4. FEI Number

59-1423973

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GOLDSTEIN, LARRY  
7601 38TH AVENUE NORTH  
ST PETERBURG FL 33710

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 VSD ☐ DELETE  
NAME KNOX, LOYCE L  
STREET ADDRESS 110 28TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE PTD ☐ DELETE  
NAME BOWMAN, WILLIAM JR  
STREET ADDRESS 110 28TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE VD ☐ DELETE  
NAME BOWMAN, WILLIAM III  
STREET ADDRESS 110 28TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1640 Cape Hope Av, N.E. #4  
1.4 CITY-ST-ZIP St. Petersburg, FL 33702

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1640 Cape Hope Av., N.E. #4  
2.4 CITY-ST-ZIP St. Petersburg, FL 33702

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 6705 Wood Meadow Loop  
3.4 CITY-ST-ZIP Bradenton, FL 34202

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

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, with all other like empowered.

SIGNATURE:

*William Bowman, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Bowman, Jr., President

4/14/99 727-521-9595

Date

Daytime Phone #

CR2E034 (11/98)