

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 527366 (9)
1. Corporation Name
FOWLER MANUFACTURING, INC.



Principal Place of Business
400 LEVY ROAD
ATLANTIC BEACH FL 32233

Mailing Address
P.O. BOX 330508
ATLANTIC BEACH FL 32233
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1977

2. Principal Place of Business

21 4730 Prince Edward Rd

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

Zip

24 32210

Country

25 USA

2a. Mailing Address

26 4730 Prince Edward Rd

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL

Zip

29 32210

Country

30 USA

4. FEI Number

59-1721172

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

9. Name and Address of Current Registered Agent

FOWLER, LLOYD BUCK
400 LEVY ROAD
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name Lloyd Buck Fowler

82 Street Address (P.O. Box Number is Not Acceptable)
4730 Prince Edward Rd.

83

84 City

Jacksonville, FL

85 Zip Code
32210

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 CD ☐ DELETE

NAME FOWLER, ROBERT W.
STREET ADDRESS 400 LEVY ROAD
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE PD ☐ DELETE

NAME FOWLER, LLOYD B.
STREET ADDRESS 400 LEVY ROAD
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE SD ☐ DELETE

NAME FOWLER, C. T.
STREET ADDRESS 400 LEVY ROAD
CITY-ST-ZIP ATLANTIC BEACH FL

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

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

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.

CR2E034 (10/97)