

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 643221

(5)

1. Corporation Name

D.F. BOWERS & COMPANY

Principal Place of Business

Mailing Address

~~2022 MAIN - STE 542 -~~
SARASOTA FL 34237
US

~~2022 MAIN - STE 542 -~~
SARASOTA FL 34237
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/29/1979

3a. Date of Last Report

06/14/1994

2. Principal Place of Business

2a. Mailing Address

21 1800 Second Street

26 1800 Second Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 808

27 Suite 808

City & State

City & State

23 Sarasota FL 34236

28 Sarasota, FL 34236

Zip

Country

Zip

Country

24 34236

25 US

29 34236

30 US

4. FBI Number

59-1961900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNLAP SCOTT W

- 1800 SECOND ST, STE 903 -

- SUITE 808 -

SARASOTA FL 34236

81 Name

SAME

82

Street Address (P.O. Box Number is Not Acceptable)

1819 Main Street

83

Suite 610

84

City
Sarasota

FL

85

Zip Code

34236

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BOWERS, DONALD F

STREET ADDRESS

6658 SCHOONER BAY CIR

CITY - ST - ZIP

SARASOTA FL

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 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 807, 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

Donald F. Bowers

Title

Signature (Typed)

0541240 CP