

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

FILED  
Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 643221 (5)  
1. Corporation Name  
D.F. BOWERS & COMPANY

Principal Place of Business	Mailing Address
<del>1800 SECOND STREET</del> <del>SUITE 808</del> <del>SARASOTA FL 34236</del> US	<del>1800 SECOND STREET</del> <del>SUITE 808</del> <del>SARASOTA FL 34236</del> US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 15 Paradise Plaza Suite, Apt. #, etc. 22 No. 181 City & State 23 Sarasota, FL Zip 34239 Country USA	26 1604 Cooksey Trail Suite, Apt. #, etc. 27 City & State 28 Grayling, MI Zip 49738 Country USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
10/29/1979	59-1961900	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	
<input type="checkbox"/>		
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
<input type="checkbox"/>		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
LOPEZ, E JOHN  
1819 MAIN ST, STE 810  
SARASOTA FL 34236

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BOWERS, DONALD F
STREET ADDRESS	<del>7038 WOODSIDE OAK CIR</del>
CITY-ST-ZIP	<del>SARASOTA FL</del>
TITLE	ST
NAME	BOWERS, BARBARA
STREET ADDRESS	<del>7038 WOODSIDE OAK CIR</del>
CITY-ST-ZIP	<del>SARASOTA FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1604 Cooksey Trail
1.4 CITY-ST-ZIP	Grayling, MI 49738
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1604 Cooksey Trail
2.4 CITY-ST-ZIP	Grayling, MI 49738
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Donald F. Bowers, President  
4/1/98 517-348-7966

CR2E034 (10/97)