

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

0633040 SP

<b>DOCUMENT # 828380</b>				<b>Mar 05, 2002 8:00 am</b>			
1. Entity Name <b>BOWMAN FARMS, INC</b>				<b>Secretary of State</b> 03-05-2002 90062 043 ***150.00			
Principal Place of Business <b>GOWANDA STATE RD NORTH COLLINS, NEW YORK FL 14111</b>				Mailing Address <b>GOWANDA STATE RD NORTH COLLINS, NEW YORK FL 14111</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>16-0913221</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WHATLEY, MARGARET W RT 78 LABELLE FL 33935</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>							
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TD <input type="checkbox"/> Delete NAME <b>BOWMAN, PAUL C</b> STREET ADDRESS <b>GOWANDA STATE ROAD</b> CITY-ST-ZIP <b>NORTH COLLINS NY</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VD <input type="checkbox"/> Delete NAME <b>BOWMAN JR, LYNN</b> STREET ADDRESS <b>MILESTRIP ROAD</b> CITY-ST-ZIP <b>NORTH COLLINS NY</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D <input type="checkbox"/> Delete NAME <b>BOWMAN, LARRY P</b> STREET ADDRESS <b>11327 GOWANDA STATE RD</b> CITY-ST-ZIP <b>NORTH COLLINS NY 14111</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD <input type="checkbox"/> Delete NAME <b>BOWMAN, BRUCE K</b> STREET ADDRESS <b>MILESTRIP ROAD</b> CITY-ST-ZIP <b>NORTH COLLINS NY</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered							
SIGNATURE: <b>Paul C Bowman</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2-18-02 (716) 830 8065 Date Daytime Phone #			