FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **830704** **(3)**

1. Corporation Name
BOWKER, BROWN & CO.

Principal Place of Business	Mailing Address
2451 BRICKELL AVENUE MIAMI FL 33129	2451 BRICKELL AVENUE MIAMI FL 33129

DO NOT WRITE IN THIS SPACE.

2. Principal Place (
21 Suite, Apt. #, et
22 City & State
23
BOWKER, BROWN & CO.
3926 South Nine Drive
Valrico, FL 33594

Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified: 08/28/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1480795 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOWKER, GORDON
141 CRANDON BLVD
KEY BISCAYNE FL 331

Bowker, Gordon
3926 South Nine Drive
Valrico, FL 33594

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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	1 TITLE ☐ Change ☐ Addition
NAME	BOWKER, GORDON	800001488418
STREET ADDRESS	141 CRANDON BLVD	-05/16/95--01040--015
CITY-ST-ZIP	KEY BISCAYNE FL	****200.00 ****200.00
	Bowker, Gordon 3926 South Nine Drive Valrico, FL 33594	14 CITY-ST-ZIP
TITLE	DVS	TITLE ☐ Change ☐ Addition
NAME	BOWKER, PATRICIA	NAME
STREET ADDRESS	141 CRANDON BLVD	STREET ADDRESS
CITY-ST-ZIP	KEY BISCAYNE FL	CITY-ST-ZIP
	Bowker, Patricia 3926 South Nine Drive Valrico, FL 33594	
TITLE		TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

1995/12

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)(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: _____ 5/4/95 813 654 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0125584 CP