

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 15 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **844171** (9)
 1. Corporation Name
BOWEN SUPPLY, INC.



Principal Place of Business BOWEN SUPPLY, INC. 146 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830-0650 US	Mailing Address 1414 FLDER ST POB 1008 AMERICUS GA 31709-4611 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1979	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 58-1145787	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. 76107		29. US.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN HARROLD P	
STREET ADDRESS	1639 SEA DUNES	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GILLIS, MARY R	
STREET ADDRESS	815 PARKER ST	
CITY-ST-ZIP	AMERICUS, GA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOWEN, FRED P., II	
STREET ADDRESS	RT 3, BOX 243	
CITY-ST-ZIP	BARTOW FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MAINOR, H. EARL	
STREET ADDRESS	208 GLENWOOD ROAD	
CITY-ST-ZIP	AMERICUS GA 31709	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CHAIRMAN OF THE BOARD & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JERRY E. KIMMEL
2.3 STREET ADDRESS	1300 S. UNIVERSITY DR #200
2.4 CITY-ST-ZIP	FORT WORTH TX 76107
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD TUCKER, SECRETARY & DIRECTOR
3.3 STREET ADDRESS	777 MAIN STREET STE 1800
3.4 CITY-ST-ZIP	FORT WORTH TX 76107
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELLIS Mc KINLEY, V/P, TREASURER, CFO & DIRECTOR
4.3 STREET ADDRESS	1300 S. UNIVERSITY DR #200
4.4 CITY-ST-ZIP	FORT WORTH TX 76107
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 do 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: *E. M. ...* 8/19/97 8173322752

CR2E034 (4/97)