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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT #
1. Corporation Name

BOWERMAN CONSTRUCTION COMPANY, INC.

Principal Place of 2690 NE 21S P.O. BOX 50 LIGHTHOUSE	T ST.	Mailing Address 2690 NE 21ST ST. P.O. BOX 5093 LIGHTHOUSE POINT FL 33074							
LOHINGUL FORM TE WORK		E-041110000E 7 04111 1 2 000-1				3. Date Incorporated or Qualified 06/04/1981	3a. Date 0	/0°1/1	995
2. Principal Place	e of Business	2a, Mailing Address 26			4. FEI Number 59-2095686			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	ertificate of Status Desired Section Regulared \$8.75 Additional		
City & State		City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zıp	Country 25	Zip	30 Cou	untry		8. This corporation has liability for Florida Statutes Yes	intangible tax	under s	199.032,
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New R	egistered Aç	ent	
				81	Name				
	MAN, LANCE G E. 21ST ST.			82	Street Add	ess (P.O. Box Number is Not Acceptable)			
LIGHTH	OUSE POINT FL 33074			83					
				84	City		FL	85 Zı	p Code
or registered familiar with SIGNATURE	, and except the obligations of, Secti year, typed or printed name or heastered agent	on 607.0505, Florida Stajute CONTRA and tite if apolicable (N	S. MCと OTE Registered	6	Bow	ed when reinstating)	26/9	6	
12.	VS OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF			
TITLE	BOWERMAN, CHERYL Y.	DELETE	1 11	TITLE			Ц	Change	Addition
NAME	2690 NE 21ST ST.		1.2 N	IAME					
STREET ADDRESS	POMPANO BEACH FL		: 1.3 \$	TREE	I ADDRESS				
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certify that i		ual report or supplemental an oration or the receiver or trust	inual report te <u>e</u> enipow			for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F			

& Bowerman 476/96 954-421-2142 SIGNATURE: LA MO G. BOWET MG I STANKE

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