03-11-1999 90220 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

D	OC	U١	MENT	#	F44	.30	6
	_					\sim	~

1. Corporation Name

BOWER	BUILDERS INC.							
Principal Place	e of Business	Mailing Address				(-BII WIZIT 1887	
13525 JENNITA HUDSON FL 34		13525 JENNITA DR. HUDSON FL 34667			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					09/11/1981			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For	
21		26			59-2123956	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27			G. Continente of Claims Desired	Fee Red	<u> </u>	
City & State	е	City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	'	8. This corporation owes the current year		Пи-	
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registers		□No	
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Register	sa Agent		
ROW	VER, MADELINE M.		01					
	25 JENNITA DR.		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	SON FL 34667		83					
			84	City		85 Zip C	ode	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a	uthorized by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as rec	registered jistered	
SIGNATURE		AND TO STAND AND THE STANDS	Decistered Age	nt eigendure regu	red when reinstating) DATE			
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ii, agriziare roqui	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	BOWER, OLEN P.		1.2 NAME					
STREET ADDRESS	30 JENNITA DR		1.3 STREE	TADDRESS	13525 Jennita Dr.		I	
CITY-ST-ZIP	HUDSON FL		1.4 CITY-S	1	Hudson.F1 34667			
TITLE	V	DELETE	2.1 TITLE			Change	Addition	
NAME	BOWER, MADELINE M.		2.2 NAME					
STREET ADDRESS	13525 JENNITA DR.		2.3 STREE	TADORESS				
CITY-ST-ZIP	HUDSON FL		2.4 CITY-5	ST-ZIP				
TITLE	S	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	BOWER, WILLIAM O.		3.2 NAME					
STREET ADDRESS	13030 BUOY CT.		3.3 STREE	T ADDRESS	9525 Bud St.			
CITY-ST-ZIP	HUDSON FL		3.4. CITY-5	ST-ZIP	Hudson, F1 34669			
TITLE	T	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	BOWER, PAUL C.		4. 2 NAME					
STREET ADDRESS	13525 JENNITA DR.		4.3 STREE	TADDRESS	9525 Bud St.			
CITY-ST-ZIP	HUDSON FL		4.4 CITY-S	T-ZIP	Hudson, F1 34669			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS	and the second s	•		

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-868-6681