

**FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION:  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 PM 1:53

DOCUMENT # **F88639** (2)  
1. Corporation Name  
**GREG DOWERS ENTERPRISES, INC.**

Principal Place of Business: **416 W. MAIN ST PERRY FL 32347**  
Mailing Address: **416 W. MAIN ST PERRY FL 32347**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/28/1982**  
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business: **21 HWY #51**  
2a. Mailing Address: **26 P.O. Box 25**  
22. City & State: **27 STEINHATCHEE, FL**  
23. City & State: **28 STEINHATCHEE, FL**  
24. Zip: **25 TAYLOR** 29. Zip: **30 32359** 30. Country: **TAYLOR**

4. FEI Number: **59-2219732**  
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

10. Name and Address of New Registered Agent

**DOWERS, GREGORY ROBERT**  
**416 W. MAIN ST**  
**PERRY FL 32347**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **HWY # 51**  
83.  
84. City: **Steinhatchee** FL 85. Zip Code: **32359**

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: *Gregory R. Dowers* President

DATE: **11/8/95**

(NOTE: Registered Agent signature required when instituting)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PTD</b>
NAME	<b>DOWERS, GREGORY ROBERT</b>
STREET ADDRESS	<b>416 W. MAIN ST</b>
CITY-ST-ZIP	<b>PERRY FL</b>
TITLE	<b>ST</b>
NAME	<b>DOWERS, DEREITH W</b>
STREET ADDRESS	<b>416 W MAIN ST</b>
CITY-ST-ZIP	<b>PERRY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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 199.03(2)(b), 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: *Gregory R. Dowers* **Gregory R. Dowers** 11/8/95 904-498-2802  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Typed Name)