

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: **23 STEINHATCHEE, FL**
24. Zip: **25 32359** Country: **27 TAYLOR**
28. City & State: **28 STEINHATCHEE, FL**
29. Zip: **29 32359** Country: **30 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

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

10. Name and Address of New Registered Agent

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	PTD
NAME	DOWERS, GREGORY ROBERT
STREET ADDRESS	416 W. MAIN ST
CITY-ST-ZIP	PERRY FL
TITLE	ST
NAME	DOWERS, DEREITH W
STREET ADDRESS	416 W MAIN ST
CITY-ST-ZIP	PERRY FL
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 199.032(6), 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**
(Typed or Printed Name of Board Officer or Director)