

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**95 APR -6 AM 9:05**

**DOCUMENT # F93000001419 (1)**

1. Corporation Name

**BOWSMITH, INC.**

Principal Place of Business

**131 SECOND ST  
EXETER CA 93221  
US**

Mailing Address

**P.O. BOX 428  
EXETER CA 93221**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/23/1993**

3a. Date of Last Report

**02/03/1994**

4. FEI Number

**94-2243421**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

City & State

**27**

City & State

**23**

Zip

Country

**28**

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, THOMAS E  
100 WEST MONROE STREET  
AVON PARK FL 33825**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                          |
|-----------------|--------------------------|
| TITLE           | <b>CPS</b>               |
| NAME            | <b>SMITH, ALLAN L</b>    |
| STREET ADDRESS  | <b>131 SECOND STREET</b> |
| CITY - ST - ZIP | <b>EXETER CA 93221</b>   |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Allan L. Smith, Pres.**

**(209) 542-9485**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(Date)

(Signature) (Typed Name)

**ALLAN L. SMITH**

BOWSMITH, INC.  
VENDOR: FLDEPT

04046

| OUR REF. NO. | YOUR REF. NO. | INV. DATE | INVOICE AMOUNT | AMOUNT PAID | DISCOUNT TAKEN | NET CHECK AMOUNT |
|--------------|---------------|-----------|----------------|-------------|----------------|------------------|
| 004327       | 1419          | 02/01/95  | 200.00         | 200.00      | .00            | 200.00           |
|              |               |           |                | Check Total |                | 200.00           |

NOT NEGOTIABLE

CONTROL NO.

CHECK DATE

VENDOR NO.

4046

02/24/95

FLDEPT

**BOWSMITH INC.**

CHECK NO.

04046

P.O. BOX 428 • EXETER, CA 93221  
(209) 592-9485 FAX (209) 592-2314

FIRST INTERSTATE BANK OF CALIFORNIA  
3707 SOUTH MOONEY BLVD.  
VISALIA, CALIFORNIA 93277

11-27/923  
1210

CHECK AMOUNT

TWO HUNDRED AND 00/100 DOLLARS

\*\*\*\*\*200.00

**PAY**  
TO THE  
ORDER  
OF

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORP. ANNUAL REPORT  
P O BOX 1500  
TALLAHASSEE FL 32302-1500  
USA

BOWSMITH INC.

NOT NEGOTIABLE

⑈004046⑈ ⑆121000578⑆623800002⑈ 11

*This check was  
mailed separate  
from Report on 2-24-95*



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 10, 1995

**BOWSMITH, INC.**  
**P.O. BOX 428**  
**EXETER, CA 93221**

**RECEIVED MAR 17 1995**

**SUBJECT: BOWSMITH, INC.**  
**Ref. Number: F93000001419**

We have received your check(s) totaling \$200.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

**Leslie Sellers**  
**ANNUAL REPORTS Section**

Letter number: 295A00010940

3/09/95 CORPORATE DETAIL RECORD SCREEN 9:30 AM  
NUM: F93000001419 ST:CA ACTIVE/FOREIGN PROF FLD: 03/23/1993  
FEI#: 94-2243421  
NAME : BOWSMITH, INC.  
PRINCIPAL: 131 SECOND ST CHANGED: 02/03/94  
ADDRESS EXETER, CA 93221 US  
MAILING : P.O. BOX 428  
ADDRESS EXETER, CA 93221  
RA NAME : LEWIS, THOMAS E NAME CHG: 02/03/94  
RA ADDR : 100 WEST MONROE STREET ADDR CHG: 02/03/94  
AVON PARK, FL 33825 US  
ANN REP : (1994) BY 02/03/94

3/09/95 OFFICER/DIRECTOR DETAIL SCREEN 9:30 AM  
CORP NUMBER: F93000001419 CORP NAME: BOWSMITH, INC.  
TITLE: CPS NAME: SMITH, ALLAN L  
131 SECOND STREET  
EXETER, CA 93221