

# F9500002587

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

200001462662  
04/21/95--01083--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

W95-8662

SUBJECT: LINDA TOWERS & ASSOC. P.C.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LINDA TOWERS  
(Name of Person)  
LINDA TOWERS & ASSOC. PC  
(Firm/Company)  
11 W. 23<sup>RD</sup> ST. STE B-4  
(Address)  
PANAMA CITY, FL 32405  
(City, State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 26 PM 1:42

Should you need to call someone concerning this matter, please call:

LINDA TOWERS at ( 904 ) 785-0280.  
(Name of Person) Area Code & Daytime Telephone Number

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**

Sandra B. Mortham  
Secretary of State

April 21, 1995

LINDA JOWERS  
11 W. 23RD ST., STE B-4  
PANAMA CITY, FL 32405

SUBJECT: LINDA JOWERS & ASSOCIATES, P.C.  
Ref. Number: W95000708662

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We have received your document for LINDA JOWERS & ASSOCIATES, P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays  
Corporate Specialist

Letter Number: 895A00019017

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. Linda Jowers & Associates, PC  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present)
2. Alabama  
(State or country under the law of which it is incorporated)
3. 63-0985491  
(FEI number, if applicable)
4. 1986  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. March, 1995  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 11-B West 23rd St.  
Panama City, FL 32405  
(Current mailing address)
8. LCSW (MENTAL HEALTH COUNSELING)  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: Linda Jowers  
Office Address: 11-B West 23rd St. 505B B-4  
Panama City, Florida, 32405  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Linda S. Jowers  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DIVISION OF CORPORATIONS  
95 MAY 26 PM 1:42

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Linda Jowers

Address: 101 Windward Ct.

Panama City Beach, FL 32413

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Linda S. Jowers  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

LINDA S. TOWERS, PRESIDENT  
(Typed or printed name and capacity of person signing application)

95 MAY 26 PM 1:42

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# STATE OF ALABAMA

I, Billy Joe Camp, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that pursuant to the provisions of Section 10-2A-26, Code of Alabama 1975, and upon an examination of the corporation records on file in this office, the following corporate name is reserved as available:

Linda Jowers & Associates, P.C.

This domestic corporation name is proposed to be incorporated in Houston County and is for the exclusive use of Deborah S. Seagle, P O Box 2082, Dothan, AL 36302 for a period of one hundred twenty days beginning April 10, 1992 and expiring August 9, 1992.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 20 2 26 PM 1992

FILED - STATE OF ALA.  
HOUSTON COUNTY  
CLERK OF SUPERIOR  
COURT  
MAY 4 2 26 PM 1992



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

April 10, 1992

Date

Billy Joe Camp

Secretary of State

04582

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F95000002587**

1. Corporation Name

**LINDA JOWERS & ASSOCIATES, P.C.**

Principal Place of Business

**11-A WEST 23RD ST.  
PANAMA CITY FL 32408**

Mailing Address

**11-A WEST 23RD ST.  
PANAMA CITY FL 32408**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**9851 THOMAS DRIVE**

Suite, Apt. #, etc.

**SUITE # 209**

**PANAMA CITY BEACH, FL**

Zip

**32408**

Country

**USA**

3. New Mailing Office Address, If Applicable

**9851 THOMAS DRIVE**

Suite, Apt. #, etc.

**SUITE # 209**

**PANAMA CITY BEACH, FL**

Zip

**32408**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**05/26/1995**

5. FEI Number

**63-0905401**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	JOWERS, LINDA	101 WINDWARD CT.	PANAMA CITY BEACH FL
			100002031991-8
			-12/18/96--01017--024
			****175.00 ****175.00
			100002031991--8
			-12/18/96--01017--025
			****200.00 ****200.00

8. Name and Address of Current Registered Agent

**JOWERS, LINDA  
11 WEST 23RD ST.  
PANAMA CITY FL 32408**

9. Name:

Address of New Registered Agent

**LINDA JOWERS LEASE  
Street Address (P.O. Box Number is Not Acceptable)  
9851 THOMAS DRIVE  
Suite, Apt. #, Etc.  
SUITE # 209  
City  
PANAMA CITY BEACH**

State

**FL**

Zip Code

**32408**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**Linda Jowers (Lease)**

REGISTERED AGENT MUST SIGN

Date **9/26/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application, as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**Linda Jowers (Lease)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/26/96 (904) 234-0153**

APPROVED  
AND  
FILED

1996 DEC 16 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

