

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

0547729

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90230 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000002714**

1. Corporation Name
BOWL AMERICA INCORPORATED



Principal Place of Business: PO BOX 1288, SPRINGFIELD VA 22151
 Mailing Address: PO BOX 1288, SPRINGFIELD VA 22151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		54-0646173	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		30		\$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETREE, ROBERT G
 501 N. MAGNOLIA AVE., SUITE A
 ORLANDO FL 32801

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	GOLDBERG, LESLIE H	1.2 NAME	CLARK, IRVING
STREET ADDRESS	6446 EDSALL ROAD	1.3 STREET ADDRESS	8650 HALLARD CT
CITY-ST-ZIP	ALEXANDRIA VA 22312	1.4 CITY-ST-ZIP	MANASSAS VA 22110
TITLE	VS	2.1 TITLE	
NAME	LEVY, A. J	2.2 NAME	
STREET ADDRESS	6446 EDSALL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22312	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	
NAME	MACKLIN, RUTH E	3.2 NAME	
STREET ADDRESS	6446 EDSALL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22312	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FABIAN, MERLE	4.2 NAME	
STREET ADDRESS	6446 EDSALL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22312	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRAHAM, WARREN	5.2 NAME	
STREET ADDRESS	6446 EDSALL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22312	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SOBKOV, JOAN	6.2 NAME	
STREET ADDRESS	6446 EDSALL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22312	6.4 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 in an attachment with an address, with all other like empowered.

Signature of America Inc. by:

SIGNATURE:

Leslie H. Goldberg 1/14/99 703-941-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)