


COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90033 024 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G07431
 Corporation Name
PAT M. FOWLER, P.A.



Principal Place of Business PAT M. FOWLER 5-5 BLANDING BLVD. ORANGE PARK FL 32073	Mailing Address % PAT M. FOWLER 155-5 BLANDING BLVD. ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/05/1982	4. FEI Number 59-2231139	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip	Country	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

FOWLER, PAT M.
 155-5 BLANDING BLVD.
 ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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.

GNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	DPS FOWLER, PAT M 1968 GREEN APPLE CT ORANGE PARK, FL 32073	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			1.2 NAME
REET ADDRESS			1.3 STREET ADDRESS
Y-ST-ZIP			1.4 CITY-ST-ZIP
LE	T FOWLER, PAT M. 1968 GREEN APPLE CT ORANGE PARK, FL 32073	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			2.2 NAME
REET ADDRESS			2.3 STREET ADDRESS
Y-ST-ZIP			2.4 CITY-ST-ZIP
LE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			3.2 NAME
REET ADDRESS			3.3 STREET ADDRESS
Y-ST-ZIP			3.4 CITY-ST-ZIP
LE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			4.2 NAME
REET ADDRESS			4.3 STREET ADDRESS
Y-ST-ZIP			4.4 CITY-ST-ZIP
LE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			5.2 NAME
REET ADDRESS			5.3 STREET ADDRESS
Y-ST-ZIP			5.4 CITY-ST-ZIP
LE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			6.2 NAME
REET ADDRESS			6.3 STREET ADDRESS
Y-ST-ZIP			6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **7-1-99**

CR2E034 (5/99)