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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G40130

1. Corporation Name

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

04-01-1999 90084 025 ***150.00

BOWEN	SALES & SHARPENING SE	ERVICES, INC.			
Principal Plac	ce of Business	Mailing Address			#(81) 81811 81811 \$1811 B1811 (BB1
3001 E CENTRAL ORLANDO FL 32803 ORLANDO FL 32803				DO NOT MOTE IN THE	C CDAOE
ļ				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed 05/19/1983	
├ ──	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.		59-3050252	Not Applicable \$8.75 Additional
22 Suite, Apr.	. *, etc.	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25		30	Personal Property Tax.	X Yes □No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
BOY	VEN, JOHN MICHAEL		Name		
3001 E CENTRAL BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ANDO FL 32803		83		
			84 City	F	85 Zip Code
44 Dureyant	to the provisions of Sections 607.050	12 and 607 1508 Florida Statute	s the above-named com		
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flori	thorized by the corporati da Statutes.	poration submits this statement for the purpose of on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE					
40	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature require		ND DIDECTORS IN 12
12.	PD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BOWEN, JOHN MICHAEL		1.2 NAME		
STREET ADDRESS	MAR DEED DATE OF		1.3 STREET ADDRESS		
CITY-ST-ZIP	OSTEEN FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VONARX, LUCILLE O		2.2 NAME		
STREET ADDRESS	1522 E CENTRAL BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP	• •	,
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOWEN, LYNNE CHARISSE		3.2 NAME		I
STREET ADDRESS	1325 DEER PATH DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	OSTEEN FL		3.4. CITY+ST-ZIP		
uirre		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4.2 NAME	,	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		D05
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME			5.2 NAME 5.3 STREET ADDRESS		•
STREET ADDRESS			5.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
	Commence of the Commence of th		6.2 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.24.99

401-898-6669

Daytime Phone #

DOE02/ /11/08)

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