

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90079 019 ***150.00

DOCUMENT # G92611

1. Corporation Name

COW DOCTOR, INC.

Principal Place of Business

% WILLIAM E. BOWMAN, JR.
SMITH-SUNDY ROAD
DELRAY BEACH FL 33445

Mailing Address

% WILLIAM E. BOWMAN, JR.
SMITH-SUNDY ROAD
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1984

4. FEI Number

59-1515778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 1919B Pine Tree Drive

2a. Mailing Address

26 1919B Pine Tree Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tequesta

City & State

28 Tequesta

Zip

24 33469

Country

25 U.S.A.

Zip

29 33469

Country

30 USA

9. Name and Address of Current Registered Agent

BOWMAN, WILLIAM E., JR.
SMITH-SUNDY ROAD
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

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

1919B Pine Tree Drive

83

84 City Tequesta

FL

85 Zip Code 33469

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

TITLE D ☐ DELETE

NAME BOWMAN, JAMES MELTON
STREET ADDRESS SMITH-SUNDY ROAD
CITY-ST-ZIP DELRAY BEACH FL

TITLE DP ☐ DELETE

NAME BOWMAN, WILLIAM E., JR.
STREET ADDRESS SMITH-SUNDY ROAD
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME BOWMAN, RICHARD E
STREET ADDRESS SMITH-SUNDY ROAD
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1919B Pine Tree Dr.
Tequesta FL 33469

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

Date

561-747-1312

Daytime Phone #

CR2E034 (1/98)

05/7/73