

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G95684** (8)

1. Corporation Name

R.E. BOWEN AND ASSOCIATES INC.

Principal Place of Business

~~3801 SE OCEAN BLVD 7000~~
~~STUART FL 34995~~

**8000 SOUTH
FEDERAL HWY #303A
PORT ST LUCIE FL 34952**

Mailing Address

**2510 SE HAMDEN RD
PORT ST LUCIE FL 34952
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1984

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

8000 S. FEDERAL HWY

2a. Mailing Address

Suite, Apt. #, etc.

SUITE 303A

Suite, Apt. #, etc.

PORT ST LUCIE, FL

City & State

34952

Zip

ST. LUCIE

Country

30

Country

4. FEI Number
59-2445317

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEWIS, J.D., III, ESQ.
1101 E OCEAN BLVD.
STUART FL 34995**

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

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

12. OFFICERS AND DIRECTORS

TITLE

**PD
BOWEN, RON
2510 S.E. HAMDEN ROAD
PT. ST. LUCIE FL**

TITLE

**ST
BOWEN, PATRICIA
2510 S.E. HAMDEN ROAD
PT. ST. LUCIE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 917, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia M. Bowen (PATRICIA M. BOWEN)

4/26/95

407.3354368

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR