FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G95684** **(8)**

1. Corporation Name
R.E. BOWEN AND ASSOCIATES INC.

Principal Place of Business
~~8000 S. FED. HWY.~~
~~STE 303A~~
~~PORT ST LUCIE FL 34952~~
US

Mailing Address
2510 SE HAMDEN RD
PORT ST LUCIE FL 34952
US

3. Date Incorporated or Qualified: 04/11/1984
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business
21 2510 S.E. Hamden Rd
Suite, Apt. #, etc
22
City & State
23 Port St Lucie, FL
24 Zip 34952
25 Country St Lucie

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

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 ____ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BOWEN, RON	
STREET ADDRESS	2510 S.E. HAMDEN ROAD	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	ST	☐ DELETE
NAME	BOWEN, PATRICIA	
STREET ADDRESS	2510 S.E. HAMDEN ROAD	
CITY-ST-ZIP	PT. ST. LUCIE 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		
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		
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		

CR2E034 (12/95)

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(3)(k), 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 Patricia M Bowen PATRICIA M. BOWEN 4/29/96 407 335-4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #