

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 # **H36866** (2)

1. Corporation Name

BOWLING GREEN ENTERPRISES, INC.



Principal Place of Business

COUNTY LINE ROAD EAST
PO BOX 668
BOWLING GREEN FL 33834

Mailing Address

COUNTY LINE ROAD EAST
PO BOX 668
BOWLING GREEN FL 33834

3. Date Incorporated or Qualified
01/07/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **100 WEST MAIN STREET**

Suite, Apt. #, etc.

2a. Mailing Address

26 **P. O. BOX 668**

Suite, Apt. #, etc.

4. FEI Number
59-2582204

Applied For
Not Applicable

22 City & State

23 **BOWLING GREEN, FL**

Zip Country

24 **33834**

27 City & State

28 **BOWLING GREEN, FL**

Zip Country

29 **33834**

30

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

**PARKER, JAMES D.
COUNTY LINE ROAD EAST
BOWLING GREEN FL**

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

By _____, the duly authorized person or persons of registered agent and the applicable

Florida Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
**PD
PARKER, JAMES D.
COUNTY LINE ROAD
BOWLING GREEN FL**

2. TITLE ☐ DELETE

NAME
**ST
PARKER, CARROLL S
RT 1 BOX 250H
BOWLING GREEN FL**

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-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(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Parker

2/7/96

741-375-4311

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