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Jan 16 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H37060**

(1)

1. Corporation Name

**H.L. BOWLING & SONS, INC.**

Principal Place of Business

**SENATE AVENUE  
P.O. BOX 90  
FT. OGDEN FL 33842**

Mailing Address

**SENATE AVENUE  
P.O. BOX 90  
FT. OGDEN FL 34267-0090**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**01/08/1985**

3a. Date of Last Report

**01/29/1996**

4. FEI Number

**59-2472515**

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**BOWLING, H. L.  
SENATE AVENUE  
FT. OGDEN FL 33842**

10. Name and Address of New Registered Agent

81 Name

**H. L. Bowling, Jr.**

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

**10,729 GROVE AVE**

83

84 City

**FT. OGDEN**

FL

85 Zip Code

**34267**

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 **PD** ☐ DELETE  
NAME **BOWLING, H. L.**  
STREET ADDRESS **5179 W. MARION AVENUE**  
CITY - ST - ZIP **PUNTA GORDA FL**

TITLE **VD** ☐ DELETE  
NAME **BOWLING, JON CLAY**  
STREET ADDRESS **P.O. BOX 118 NA**  
CITY - ST - ZIP **FORT OGDEN FL**

TITLE **TD** ☐ DELETE  
NAME **BOWLING, H. L., JR.**  
STREET ADDRESS **P.O. BOX 446 NA**  
CITY - ST - ZIP **FORT OGDEN FL**

TITLE **SD** ☐ DELETE  
NAME **BOWLING, JUNE**  
STREET ADDRESS **5179 W. MARION AVENUE**  
CITY - ST - ZIP **PUNTA GORDA FL**

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

14. I do 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.

SIGNATURE:

*H. L. Bowling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-97 (941) 993-3281**

Date

Daytime Phone #

CR2E034 (9/96)