

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0549056

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90018 002 ***150.00

DOCUMENT # **H37060**

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 33842
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1985

4. FEI Number

59-2472515

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BOWLING, H. L.
10279 GRAPE AVE
FT. OGDEN FL 34267**

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

H. L. Bowling

H. L. Bowling JR. T.D.

1-12-99

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	<input type="checkbox"/> DELETE
NAME	BOWLING, H. L.	
STREET ADDRESS	5179 W. MARION AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOWLING, JON CLAY	
STREET ADDRESS	P.O. BOX 118 NA	
CITY-ST-ZIP	FORT OGDEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOWLING, H. L., JR.	
STREET ADDRESS	P.O. BOX 446 NA	
CITY-ST-ZIP	FORT OGDEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOWLING, JUNE	
STREET ADDRESS	5179 W. MARION AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Sheryl Ann Johnson
2.4 CITY-ST-ZIP	1781 Larchmont DR. Englewood, FL 34223
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10279 Grape Ave.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

1-12-99 *(641) 993-3781*

Date

Daytime Phone #

CR2E034 (1/98)