Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90043 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H48663**

1. Corporation Name

LOWCARI CORPORATION

LOWOAII	II OOM CHATION								
Principal Place	of Business	Mailing Address				-	111 00 1113 0 5031 1)	IBII BIUII (UBI
% LOWERY J. RALEY P.O. BOX 5587 TALLAHASSEE FL 32314-5587		% LOWERY J. RALEY P.O. BOX 5587 TALLAHASSEE FL 32314-5587			DO NOT WRITE IN THIS SPACE				
TREENINGGE TE SESTAMO						3. Date Incorporated or Qualifed			
						03/22/1985			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apj	olied For
21		26	26			59-2504556		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27				J. Certificate of Status Desired		Fee Re	quired
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip			Country	/		8. This corporation owes the cu	rent year In		
24						Personal Property Tax.			□No
Name and Address of Current Registered Agent					me	10. Name and Address of New	Registerea	Agent	
RALEY, LOWREY J.									
3492 W. ORANGE AVENUE			82	Str	reet Addre:	ss (P.O. Box Number is Not Accep	iable)		
TALLAHASSEE FL 32310			83						
			84	Cit	tv			85 Zip C	ode
							<u>FL</u>	<u> </u>	<u></u>
i office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was autr	iorized by	tne (ned corpor corporation	ration submits this statement for the	รมม แหน สมมณ	miniment as ref	registered pistered
SIGNATURE		MOTE: Br	airthrod Agn	nt niane	atura required	when reinstating)	DATE		···
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ni signe	TOTA TACONAD	ADDITIONS/CHANGES TO O		ND DIRECTO	RS IN 12
TITLE	PTD			1.1 TITLE				Change	☐ Addition
NAME	RALEY, LOWERY J.	-	1.2 NAME						
STREET ADDRESS	2737 CORRIE ADRIAN		1.3 STREE	TADDE	RESS				
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-S	T-ZIP					
TITLE	VSD	☐ DELETE	2.1 TITLE				•	Change	☐ Addition
NAME	RALEY, CAROL B.		2.2 NAME						
STREET ADDRESS	2737 CORRIE ADRIAN		2.3 STREET		RESS	,	•		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-5	ST-ZIP		·			
TITLE		☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME			3.2 NAME				*. *		
STREET ADDRESS			3.3 STREET AL		1				
CITY-ST-ZIP		C ocusts	3.4, CITY-5	ST-ZIP				Change	Addition
TITLE		☐ DELETE	4.1 TITLE			•		□ Citalige	☐ Accinon
NAME			4. 2 NAME		DE CO				
STREET ADDRESS			4.3 STREE		(E99)	·			
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY-ST 5.1 TITLE		-	- 		Change	Addition .
NAME		_ 5222,2	5.1 MAME.						_
STREET ADDRESS			5.3 STREE	T ADDF	RESS				

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

☐ Addition