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

**PROFIT** CORPORATION ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 29 1997 8:00am Secretary of State

ROBEF	JMENT # <b>H7307</b> RT B. MCGOWEN, INC.					
Principal Place of Business 415 S. 2ND STREET. SUITE #200 P.O. BOX 4077 FT. PIERCE FL 34948		Mailing Address 415 S. 2ND STREET. SUITE #200 P.O. BOX 4077 FT. PIERCE FL 34948-4077		\$ 1001911 Elit 10302 till EE111 16102 til	i mimir myött miðir miðir miðir	BÍĞU IBBI
FI. PIENGE I	FL 94390	FI. PIEROC PL 39590	4011	3. Date Incorporated or Qualified 08/27/1985	3a. Date of Last F 03/01/1996	Report
2. Principa:	Place of Business	2a. Mailing Address		4. FEI Number	I A	pplied For
Suite, Ap	t # 642	Suite, Apt. #, etc.		59-2603449		ot Applicable
22	n wy trou	27		5. Certificate of Status Desired		Additional lequired
City & St	ato	City & State		6. Election Campaign Financing		May Be
2 <u>0</u> Zip	Country	28 Zip	Country	Trust Fund Contribution		to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	Thrangible tax under s	9. 199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent	······································
	OGAL, CHRISTOPHER		81 Name			
	5 S. 2ND STREET, SUITE #200 D. BOX 4077		82 Street A	Address (P.O. Box Number is Not Accepta	ble)	
	ORT PIERCE FL 34948		83	77. 77. 77. 77. 77. 77. 77. 77. 77. 77.		
			84 City		<b>65</b> Zip	Code
					FL (")	0000
11. Pursuar office o agent	of to the provisions of Sections 607 0 r registered agent, or both, in the Sta I am familiar with, and accept the obl	502 and 607.1508, Florida S ste of Florida Such change v igations of, Section 607.650	tatutes, the above-named over authorized by the corp 5, Florida Statutes.	corporation submits this statement for the location's board of directors. I hereby acce	purpose of changing is apt the appointment as	its registered s registered
11. Pursuar office o agent I SIGNATURE 12.	tagnative typed or poiled recent of registered.  OFFICERS A	agent and title if applicable.	(NOTE Registered Agent signature 13.		purpose of changing in the appointment as DATE	RS IN 12
SIGNATURE 112. 111.1	Signature Syzot or proted reneral registered.  OFFICERS A	agent and title if applicable.	(NOTE Registered Agent signature 13.	required when reinstating)	purpose of changing in the appointment as	
SIGNATURE 112. NAME	Signature Syzot or pointed mane of registered.  OFFICERS A PD MCGOWEN, ROBERT	agent and title if applicable.	(NOTE Registered Agent signature 13. 11 TITLE 1.2 NAME	required when reinstating)	purpose of changing in the appointment as DATE	RS IN 12
SIGNATURE 112. 1114 NAME STREET ADORES	Signature: Systat or pointed ment of registered.  OFFICERS A PD MCGOWEN, ROBERT	agent and title if applicable.	(NOTE Registered Agent signature 13.	required when reinstating)	purpose of changing in the appointment as DATE	RS IN 12
SIGNATURE  110.4  110.4  NAME  SIREE LADDRES  CONST. ZIP  TILLE	Signar in Syzot or pointed name of registered.  OFFICERS A  PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200	agent and title if applicable.	(NOTE Registered Agent signature 13	required when reinstating)	purpose of changing in the appointment as DATE	RS IN 12
SIGNATURE 111. High Name Sire Fadores Cory St. Zip Tille Name	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	agent and tille if applicable.  ND DIRECTORS  DELETE	(NOTE Registered Agent signature  13.  11 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME	required when reinstating)	purpose of changing in the appointment as DATE  CERS AND DIRECTOR  Change	RS IN 12
SIGNATURE  12.  III.E  NAME  SIRE FADORES  COS - ST. 20P.  FILE  NAME  STREET ADORES	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	agent and tille if applicable.  ND DIRECTORS  DELETE	(NOTE Registered Agent signature 13	required when reinstating)	purpose of changing in the appointment as DATE  CERS AND DIRECTOR  Change	RS IN 12
SIGNATURE  11.  11.  11.  11.  11.  11.  11.  1	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	agent and tille if applicable.  ND DIRECTORS  DELETE	(NOTE Registered Agent signature  13.  11 Tiffle  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY - ST - ZIP	required when reinstating)	purpose of changing in the appointment as DATE  CERS AND DIRECTOR  Change	RS IN 12
SIGNATURE  11.  11.  11.  11.  11.  11.  11.  1	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	egent and tille if applicative.  IND DIRECTORS  DELETE  DELETE	(NOTE Registered Agent signature 13.  11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - 2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - 2IP 3.1 TITLE 3.2 NAME	required when reinstating)	purpose of changing in the appointment as  DATE CERS AND DIRECTO Change	RS IN 12 Addition
SIGNATURE  111.  1	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	egent and tille if applicative.  IND DIRECTORS  DELETE  DELETE	(NOTE Registered Agent signature  13.  11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	required when reinstating)	purpose of changing in the appointment as  DATE CERS AND DIRECTO Change	RS IN 12 Addition
SIGNATURE  111.  1	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	egent and title if applicative.  IND DIRECTORS  DELETE  DELETE  DELETE	(NOTE Registered Agent signature  13.  11 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-2IP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-2IP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-2IP	required when reinstating)	purpose of changing in the appointment as  DATE CERS AND DIRECTO Change	RS IN 12 Addition Addition
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SIGNATURE  12.  UICH  NAME  SIREF LADORES  COLY ST ZIP  TITLE  NAME  STREET ADORES  COLY ST ZIP  UICH  NAME  STREET ADORES  COLY ST ZIP  TITLE  NAME  STREET ADORES  COLY ST ZIP  TITLE  NAME  STREET ADORES  COLY ST ZIP  TITLE	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	egent and title if applicative.  IND DIRECTORS  DELETE  DELETE  DELETE	(NOTE Registered Agent signature  13.  11 Tiffle  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 Tiffle  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 Tiffle  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 Tiffle  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 Tiffle  5.1 Tiffle	required when reinstating)	purpose of changing in the appointment as  DATE CERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  UICH  NAME  SIREF LADORES  CHY-ST ZIP  TILLE  NAME  SIREF LADORES  CHY-ST ZIP  UICH  NAME  SIREF LADORES  CHY-ST ZIP  TITLE  NAME  SIREF LADORES  CHY-ST ZIP  TITLE  NAME  SIREF LADORES  CHY-ST ZIP  TITLE  NAME	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	egent and title if applicative.  IND DIRECTORS  DELETE  DELETE  DELETE	(NOTE Registered Agent signature  13.  11 Tiffle  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	required when reinstating)	purpose of changing in the appointment as  DATE ICERS AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE  12.  THE  NAME  STREET ADDRES  CHY-ST, ZIP  THEE  NAME  STREET ADDRES  CHY-ST, ZIP  THEE  NAMY  STREET ADDRES  CHY-ST, ZIP  THEE  NAVY  STREET ADDRES  CHY-ST, ZIP  THEE  NAMY  STREET ADDRES  STREET ADDRES  STREET ADDRES  STREET ADDRES  STREET ADDRES  STREET ADDRES	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	egent and title if applicative.  IND DIRECTORS  DELETE  DELETE  DELETE	(NOTE Registered Agent signature  13.  11 Tiffle  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 Tiffle  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 Tiffle  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 Tiffle  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 Tiffle  5.1 Tiffle	required when reinstating)	purpose of changing in the appointment as  DATE ICERS AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE  12.  THE HAME SIRE LADORES CHY-ST, ZIP THE NAME SIRE LADORES CHY-ST, ZIP	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	egent and title if applicative.  IND DIRECTORS  DELETE  DELETE  DELETE	(NOTE Registered Agent signature  13.  11 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-2IP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-2IP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	required when reinstating)	purpose of changing in the appointment as  DATE ICERS AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE  12.  THE  NAME  SIREFFADDRES  CHY-ST ZIP  THE  NAME  STREEFADDRES  CHY-ST ZIP  THE  NAME  STREEFADDRES  CHY-ST ZIP  THE  NAME  STREEFADDRES  CHY-ST ZIP  THE  STREEFADDRES  CHY-ST ZIP  THE  NAME  STREEFADDRES  CHY-ST ZIP  THE	PD MCGOWEN, ROBERT 415 S 2ND ST, STE 200 FT. PIERCE FL	egent and title if applicable.  NND DIRECTORS  DELETE  DELETE  DELETE	(NOTE Registered Agent signature  13.  11 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Tifle 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 Tifle 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME	required when reinstating)	purpose of changing in the appointment as  DATE ICERS AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition
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Lam an officer or director of the corporation ming open not quality for the exemption stated in Section 119.07(3)(i), Fronda Statutes. 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.

Robert B. McGower 2.24.97

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