

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J13965 (5)

1. Corporation Name

BOWIE JACKSON TAX SERVICE, INC.

Principal Place of Business

323 E. BROUGHTON STREET
SAVANNAH GA 31401
US

Mailing Address

323 E. BROUGHTON ST.
SAVANNAH GA 31401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/13/1986

3a. Date of Last Report

05/19/1994

4. FEI Number

58-1677431

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 has liability for intangible tax under S. 199.032.

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JACKSON, EDWARD P.
512 W. ADAMS STREET
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
DOUGLAS, MARY B.
1925 E HENRY ST
SAVANNAH GA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
RICE, CARLINE
6 ANTRIM ST.
PORT WENTWORTH GA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
MITCHELL, ANNETTE
108 HOLIDAY DR.
SAVANNAH GA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
CALDWELL, JANE
1202 HWY 80 E. STAR RT
TYBEE ISLAND GA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
MILLS, ALMA
309 MONTCLAIR BLVD.
SAVANNAH GA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 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

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

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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:

Jane Caldwell JANE CALDWELL, TREASURER 4/26/95 912/236-9830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)