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Apr 29 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

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 31401-3403

3. Date Incorporated or Qualified

05/13/1986

3a. Date of Last R

05/01/1996

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

4. FEI Number

58-1677431

5. Certificate of Status Desired

\$8.75
Fee R

6. Election Campaign Financing
Trust Fund Contribution

\$5.00
Added

8. This corporation has liability for intangible tax under s
Florida Statutes

Yes No

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

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 it
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
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

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

6.5 TITLE

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY - ST - ZIP

6.9 TITLE

6.10 NAME

6.11 STREET ADDRESS

6.12 CITY - ST - ZIP

6.13 TITLE

6.14 NAME

6.15 STREET ADDRESS

6.16 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 I
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 un
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my n
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary B Douglas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/21/97

9/2/236-9830

Mon 8:30 AM - 2 P.M.