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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

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Ζip

DOCUMENT # J13965

BOWIE JACKSON TAX SERVICE, INC.

Country

Principal Place of Business Mailing Address 323 E. BROUGHTON STREET 323 E. BROUGHTON ST. SAVANNAH GA 31401 SAVANNAH GA 31401-3403 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State

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Zip

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90085 036 ***150.00



DO NOT WRITE IN THIS SPACE

П

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

©No.

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/13/1986

58-1677431

4. FEI Number

| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
|--|---|------------------------------------|-----------------|--|--|---|---------------------------------|----------------------|
| | | | 81 | Name | | | | |
| JACH | (SON, EDWARD P. | | 82 | Ctroot | Address (P.O. Box Number is Not Acce | ntable) | | |
| 512 W. ADAMS STREET | | | 02 | Sueet | Addiess (F.O. Dox Number is NOt Acce | ,pusic, | | |
| JACKSONVILLE FL 32202 | | | 83 | | | | • | |
| | | | \sqcup | | | | | |
| \$ C. | | - | 84 | City | | FL | 85 Zip C | _ |
| office or n | to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was aut | horized by | the como | corporation submits this statement for to oration's board of directors. I hereby ac | the purpose of o cept the appoin | hanging its r Iment as reg | egistered istered |
| SIGNATURE | | ADTE D | | | equired when reinstating) | DATE | | |
| | | | 13. | t signature ii | ADDITIONS/CHANGES TO | | DIRECTOR | RS IN 12 |
| TITLE | PD | DIRECTORS DELETE | 1.1 TITLE | | | | ☐ Change | Addition |
| NAME | DOUGLAS, MARY B. | , | 1.2 NAME | | •• | | | _ |
| STREET ADDRESS | 1925 E HENRY ST | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | SAVANNAH GA | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | | | Change | Addition |
| NAME | RICE, CARLINE. | | 2.2 NAME | | | | | |
| STREET ADDRESS | 6 ANTRIM ST. | | 2.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | PORT WENTWORTH GA | ·· = · | | T-ZIP | | | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | | - | | Change | ☐ Addition |
| NAME | MITCHELL, ANNETTE | | 3.2 NAME | | | | | |
| STREET ADDRESS | 108 HOLIDAY DR. | | 3.3 STREET | ADDRESS | | | | • |
| CITY-ST-ZIP | Savannah ga | | 3.4. CITY-S | T-ZiP | | | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | | | Change | ☐ Addition |
| NAME | CAŁDWELL, JANE | • | 4. 2 NAME | | | | | |
| STREET ADDRESS | 1202 HWY 80 E. STAR RT | | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | TYBEE ISLAND GA | | 4.4 CITY-ST | Γ- ZIP | | | | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | | | | · Change | ☐ Addition |
| NAME | MILLS, ALMA | | 5.2 NAME | | | | | |
| STREET ADDRESS | 309 MONTCLAIR BLVD. | | 5.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | SAVANNAH GA | | 5.4 CITY-S | r-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME |) | | 6.2 NAME | | | | | |
| STREET ADDRESS | · | | 6.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST | | | | | |
| 14. I hereby o | certify that the information supplied with | this filing does not qualify for t | he exempti | on stated | t in Section 119.07(3)(i), Florida Statute ature shall have the same legal effect a | es. I further certi is if made under | ty that the in roath; that I | formation am an |

Country

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indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same regal effect as it made didn't fill all all 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: