

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF APPROVED, RESUME AMOUNT DUE TO RESTATE: \$375)**

**APPROVED  
AND  
FILED**

94 AUG -2 PM 2:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J36397 (4)**

1. Corporation Name  
**SQUARE B, INC.**

Mailing Address  
**% WILLIAM BOWMAN, JR.  
 5250 GULF BLVD.  
 ST. PETERSBURG BCH, FL 33706**

Principal Place of Business  
**% WILLIAM BOWMAN, JR.  
 5250 GULF BLVD.  
 ST. PETERSBURG BCH, FL 33706**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/06/1986** 3a. Date of Last Report **08/02/1993**

4. FEI Number **59-2731845** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Mailing Address 2a. Principal Place of Business

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**BOWMAN, WILLIAM, JR.  
 5250 GULF BLVD  
 ST PETERSBURG BCH FL 33706**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (if CEO, Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>P/S/T</b>	11 TITLE	
12 NAME	<b>BOWMAN, WILLIAM, JR.</b>	12 NAME	
13 STREET ADDRESS	<b>5250 GULF BLVD.</b>	13 STREET ADDRESS	
14 CITY - ST - ZIP	<b>ST. PETERSBURG BCH., F</b>	14 CITY - ST - ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY - ST - ZIP		24 CITY - ST - ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 trustee or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *William Bowman, Jr.* 7/28/94 813-360-0833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR