

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

DOCUMENT # J98484

(5)

1. Corporation Name

THE FOWLER/NEBRASKA CORPORATION

Principal Place of Business
**C/O DIANE BIGGS
3816 BRAMBLEWOOD BLVD.
LAND O'LAKES FL 34639**

Mailing Address
**C/O DIANE BIGGS
3816 BRAMBLEWOOD BLVD.
LAND O'LAKES FL 34639**

**APPROVED
AND
FILED**

95 APR 20 AM 8:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **10/22/1987** 3a. Date of Last Report **04/26/1994**
4. FBI Number **59-2860719** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

**STAFFORD, STEWARD L.
14812 N. FLORIDA
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name **Diane Biggs**
82 Street Address (P.O. Box Numbers Not Acceptable) **3816 Bramblewood Blvd**
83
84 City **Land O'Lakes** FL 85 Zip Code **34639**

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 **M. Diane Biggs** **4-15-95**

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **BIGGS, DIANE**
STREET ADDRESS **11329 N NEBRASKA**
CITY - ST - ZIP **TAMPA FL**

TITLE **S**
NAME **BIGGS, DAVID**
STREET ADDRESS **11329 N. NEBRASKA**
CITY - ST - ZIP **TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 Section 110.07(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, unchanged, or on an attachment with an address.

SIGNATURE: **M. Diane Biggs** **4-15-95** **972-7778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number