

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J98484

1. Corporation Name

THE FOWLER/NEBRASKA CORPORATION

5-9-96 B-6373
(5)



Principal Place of Business

Mailing Address

C/O DIANE BIGGS
3816 BRAMBLEWOOD BLVD.
LAND O'LAKE FL 34699

C/O DIANE BIGGS
3816 BRAMBLEWOOD BLVD.
LAND O'LAKE FL 34639

2. Principal Place of Business

2a. Mailing Address

21 11612 D N. NEBRASKA AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TAMPA

27

City & State

City & State

23 Florida

28

Zip Country

Zip Country

24 33612

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/22/1987

3a. Date of Last Report

04/20/1995

4. FEI Number

59-2860719

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

BIGGS, DIANE
3816 BRAMBLEWOOD BLVD
LAND O'LAKE FL 34639

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
BIGGS, DIANE
11329 N. NEBRASKA
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
BIGGS, DAVID
11329 N. NEBRASKA
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11612 D N. NEBRASKA AVE
TAMPA, FL. 33612-5760

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11612 D N. NEBRASKA AVE
TAMPA, FL. 33612-5760

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

DIANE BIGGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96 973-4099

Date

Daytime Phone #

CR2E034 (12/95)