

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 # K11294 (1)

1. Corporation Name

BOWYER ELECTRIC, INC.



Principal Place of Business

Mailing Address

17620 HICKORY TREE CT
STE A
LUTZ FL 33549
US

P O BOX 2141
STE A
LUTZ FL 33549
US

3. Date Incorporated or Qualified

01/04/1988

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

4. FEI Number

59-2861782

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDUFFIE, GARY R.
16603 LONGLEAF DR
LUTZ FL 33549

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 date of filing

(NOTE: Registered Agent signature required when participating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

BOWYER, ROBERT W.

STREET ADDRESS

15816 SAPWOOD ST

CITY- ST- ZIP

TAMPA FL

TITLE

VP

☐ DELETE

NAME

MCDUFFIE, GARY R.

STREET ADDRESS

16603 LONGLEAF DR

CITY- ST- ZIP

LUTZ FL

TITLE

VP

☐ DELETE

NAME

MCDUFFIE, SHAWN A.

STREET ADDRESS

17620 HICKORY TREE CT.

CITY- ST- ZIP

LUTZ FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

GARY R. MCDUFFIE V.P.
GARY R. MCDUFFIE

U.P.

4/11/96

Date

815-948-8240

Daytime Phone

CR2E034 (12/95)