


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005549					
1. Corporation Name BOWDEN CUP CLASSIC, INC.					
Principal Place of Business 1446 LLOYDS COVE ROAD TALLAHASSEE FL 32312			Mailing Address 1446 LLOYDS COVE ROAD TALLAHASSEE FL 32312		

99 MAY 12 PM 1:50
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA




2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3375246	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ADAMS, L. CARL 1446 LLOYDS COVE ROAD TALLAHASSEE FL 32312				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of 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 617.0503, 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							
TITLE	D	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	ADAMS, L. CARL			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	1446 LLOYDS COVE ROAD			900002874598-- 1			
CITY-ST-ZIP	TALLAHASSEE FL 32312			-05/13/99--01115--002			
TITLE	D	<input type="checkbox"/> DELETE		*****61.25 *****61.25			
NAME	SPEARMAN, GUY M III			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	402 HIGH POINT DRIVE, SUITE A						
CITY-ST-ZIP	COOCA FL 32926						
TITLE	D	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ADAMS, LYNNE D						
STREET ADDRESS	1446 LLOYDS COVE ROAD						
CITY-ST-ZIP	TALLAHASSEE FL 32312						
TITLE	D	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOWELL, WINSTON K						
STREET ADDRESS	3520 THOMASVILLE RD						
CITY-ST-ZIP	TALLAHASSEE FL						
TITLE		<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  5/1/99 (800) 224-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

000645
CR2037 (11/98)