SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

P93000046430 (3)

DOWLING INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address		I	FIR MEIRE TORES OF PROPERTY OF THE STATE OF
300 S. DUNCAN AVENUE	P.O. BOX 22			
SUITE 291	CLEARWATER FL 34617		DO NOT WRI	TE IN THIS SPACE
CLEARWATER FL 34815 US			3. Date Incorporated or Qualified	TE III TI III O O TI TI O O
			06/25/1993	
2. Principal Place of Business 21 600 Florida Ave.	2a. Mailing Address		4. FEI Number	Applied For
	26		59-3187752	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Clearwater, FL.	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zin	Country	8. This corporation owes or has p	
24 34656 25 USA	29 34657	30	Personal Property Tax due Jur	ne 30. Yes No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	
SCHOLT Z , DEBBORAH S		81 Name	ENEST J. Dowl	Ng III.
300 SOUTH DUNCAN AVENUE		82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)
SUITE 291		83	6 F18K144	
CLEARWATER FL 34615				
			ARWATER.	FL 85 Zip Code
 Pursuant to the provisions of sections 607,050; office or registered agent, or both, in the State 	2 and 607.1508, Florida Statutes of Florida, Such change was at	, the above-named corporation	ration submits this statement for the pu on's board of directors. I hereby accep	rpose of ch ang ing its registered t the appoi nt ment as registered
bridge of registree agent, or boll, in the blate				
agent. I am familiar with, and accept the obligi	ations of section 607 0505, Flor	ida Statutes. 9/1/	ac	
SIGNATURE Zouth.	ations of, section 607,0505, Flor	ida Statutes. 9/1/	78	· ·
SIGNATURE Signature, typed or printer name of registered ager	ations of, section 607,0505, Flor	ida Statutes. 9/1/6 E: Registered Agent signature requ	78 uired when reinstating)	DATE FICERS AND DIRECTORS IN 12
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

ATURE.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE REQUIREE

t James

9/1/58

FILED

Sep 17 1998 8:00am

Secretary of State

CR2E034 (5/98)