May 07, 1999 8:00 am Secretary of State

05-07-1999 90080 011 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # POSOCOMEASO

1. Corporation DOWLIN	G INVESTIGATIONS, INC.	J <del>40430</del>			
Principal Place	e of Business	Mailing Address	···	T EDDIÉBUL EIN INING HITTE AGUE ONIEL NACH ANDER	DIREC BILLS BIRDS (1111) BRIT 1981
600 FLORIDA AVE. P.O. BOX 22			DO NOT WRITE IN THIS	S SPACE	
US	2 34030	00		3. Date Incorporated or Qualifed	
				06/25/1993	
2. Principal Pl	lace of Business Flarida Ave.	2a. Mailing Address	2.	4. FEI Number 59-3187752	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 CCARWATER	,FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3375	Country 25	Zip 29 33757 30	Country	This corporation owes the current year In Personal Property Tax.	itangible ☐ Yes <b>M</b> No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
600 SUIT CLEA 11. Pursuant office or n agent. I a	/LING III, ERNEST J. FLORIDA AVE. E-291— ARWATER FL 33756  to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	83 84 City the above-named corporated by the corporate	ress (P.O. Box Number is Not Acceptable)  Property Auc.  Property	85 Zip Code 33756 f changing its registered introduced as registered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOWLING III, ERNEST J		1.2 NAME		
STREET ADORESS	600 FLORIDA AVE.		1.3 STREET ADDRESS		
CITY+ST-ZIP	CLEARWATER FL 33756		1.4 CITY-ST-ZIP		Elch Claddalan
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Cichara Diagram
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change C Addis
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		i	4. 2 NAME		

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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Change

Change

☐ Addition

Addition