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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000019399 (2)

1. Corporation Name

J C. BOWLING & ASSOCIATES, INC.



Principal Place of Business

2851 PHEASANT RUN
CLEARWATER FL 34619

Mailing Address

2851 PHEASANT RUN
CLEARWATER FL 34619

2. Principal Place of Business

21 2099 SAWGRASS DR.

Suite, Apt. #, etc.

2a. Mailing Address

26 2099 SAWGRASS DR.

Suite, Apt. #, etc.

City & State

23 APOPKA, FL

Zip

24 32712

Country

25 USA

City & State

28 APOPKA, FL

Zip

29 32712

Country

30 USA

9. Name and Address of Current Registered Agent

BOWLING, J. C.
2851 PHEASANT RUN
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

J C BOWLING

82 Street Address (P.O. Box Number is Not Acceptable)

2099 SAWGRASS DR

83

84 City

APOPKA

FL

85 Zip Code

32712

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

J C Bowling

J C BOWLING

(NOTE: Registered Agent signature required when reinstating)

1/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BOWLING, J.C.
STREET ADDRESS 2851 PLEASANT RUN
CITY-ST-ZIP CLEARWATER FL 34619

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

N/A

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

J C BOWLING

2099 SAWGRASS DR.

APOPKA, FL 32712

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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***200.00

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(c), Florida Statutes. I understand 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:

J C Bowling

J C BOWLING

1/29/96

(407) 880-6823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)