

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 06 1997 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000058478 (6)
1. Corporation Name
FRED T. BOWMAN, INC.



| | |
|---|--|
| Principal Place of Business 3738 LAND O LAKES BLVD. LAND O LAKES FL 34639 | Mailing Address 3738 LAND O LAKES BLVD. LAND O LAKES FL 34639-4416 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/05/1994 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3260056 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 3738 Land O'Lakes Blvd. Suite, Apt. #, etc. | 2a. Mailing Address 26 3738 Land O'Lakes Blvd. Suite, Apt. #, etc. |
| 22 City & State 23 LAND O'LAKES Florida | 27 City & State 28 LAND O'LAKES Florida |
| 24 Zip 34639 25 Country USA | 29 Zip 34639 30 Country USA |

9. Name and Address of Current Registered Agent
**BOWMAN, FRED T
3738 LAND O LAKES BLVD.
LAND O LAKES FL 34639**

10. Name and Address of New Registered Agent
81 Name **Fred T. Bowman**
82 Street Address (P.O. Box Number is Not Acceptable)
3738 Land O'LAKES Blvd.
83
84 City **LAND O'LAKES** FL 85 Zip Code **34639**

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 **FRED T. BOWMAN, President** *Fred T. Bowman* **4-26-97**
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 | PSTV | <input type="checkbox"/> DELETE |
| NAME | BOWMAN, FRED T | |
| STREET ADDRESS | 3738 LAND O LAKES BLVD | |
| CITY-ST-ZIP | LAND O LAKES FL 34639 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BOWMAN, FRED T | |
| STREET ADDRESS | 3738 LAND O LAKES BLVD | |
| CITY-ST-ZIP | LAND O LAKES FL 34639 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I do 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.

CR2E034 (9/96)