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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091412

BOWEN ENTERPRISES OF JACKSONVILLE, INC.

Deinstead Olean	of Decision		Mai	ling Address				, , , , , , , , , , , , , , , , , , , ,			
Principal Place				-							
9550 BAYMEADOWS RD.			9550 BAYMEADOWS RD. SUITE #11				,				
SUITE #11 JACKSONVILLE FL 32256			JACKSONVILLE FL 32256			DO NOT WRITE IN THIS SPACE					
• • • • • • • • • • • • • • • • • • • •								3. Date Incorporated or Qualifed			
								01/01/1995			
2. Principal Pl	ace of Busines	S	2a.	Mailing Address				4. FEI Number		_ · · ·	lied For
21			26					59-3289242	1 1 2 Laborate 10		Applicable
Suite, Apt.	#, etc.	j - 		Suite, Apt: #, etc.				5. Certificate of Status Des	ired 🔲	\$8.75 A	
22			27								
City & State	е		├ ─┐	City & State			6. Election Campaign Fina	-	\$5.00 i Added to	,	
23				Zip Country			Trust Fund Contribution			rees	
Zip		Country	\vdash	Zip		nury		 This corporation owes to Personal Property Tax. 	ne current year int		DNo I
24	25	<u> </u>	29		30			10. Name and Address of	New Registered		
	9. Name ar	d Address of Current	Registi	ered Agent		81 Na	me 11.	v. O li l	1	_ 1	$\overline{}$
BRO!	WN, HEATHE	RR					He	other B Hyde		ed nan	ne)
9802-006 BAYMEADOWS ROAD							reet Addres	ss (P.O. Box Number is Not A	Acceptable)		
JACKSONVILLE FL 32256						83	~ ~ ~ -	0 .1	0)	2 -1 - 1	·
SACKOONVILLE I'E S2230							4550	baymeadows	s Rd 8	ovite 1	<u>!</u>
						84 Cit	y	remulla	FI	85 Zip C	ode OSIA
44 Dummant	to the provinier	s of Sections 607 0502	and 60	7 1508 Florida Statu	tes the a	hove-nar	ned cornor	ration submits this statement	for the purpose of	changing its	egistered
office or re	nane haratsina	or both in the State o	t Florida	i. Such change was a	autnonzeo	i by the c	corporation	's board of directors. I hereby	y accept the appoi	ntment as reg	istered
agent. I a	m familiar with,	and accept the obligation	ons of,	Section 607.0505, Fig	onda Stati	Jies.			2-19	<i>a</i> 9	
SIGNATURE	Heathe	orinted name of legistered agent	and title if	andicable (NOT)	F: Registered	Agent sign:	ature required s	when reinstating)	DATE	<u></u>	—— \
12.	Signature, typed or	OFFICERS AND			13.	rigorii vigin		ADDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	D	0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELETE	1,1 717	TLE	D			Change	☐ Addition
NAME	BROWN, H	FATHER B			1.2 N/	ME	1200	ther B Hyde			1
STREET ADDRESS 9802-006 BAYMEADOWS ROAD			ļ		1.3 \$1	REET ADD	RESS 955	ther B Hyde 50 BaymeadowsR	d Svite	11	
CITY-\$T-ZIP		ILLE FL 32256				TY-ST-ZIP	200	Ksonville, F1 3	2256		
TILE				☐ DELETE	2.1 Ti	nF					☐ Addition
NAME										Change	<u> </u>
STREET ADDRESS					2.2 NA					☐ Change	
CITY-ST-ZIP					B		RESS			☐ Change	
	~		-		2.3 ST	AME	RESS	:		Change	
TITLE	~		-	☐ DELETE	2.3 ST	AME TREET ADDI ITY-ST-ZIP	RESS	:		☐ Change	☐ Addition
	~		-	☐ DELETE	2.3 ST	AME TREET ADDI ITY-ST-ZIP TLE	RESS	. Tan Town	4 .	_ ·	
TITLE NAME	~	· 11-77	-	□ DELETE	2.4 C 3.1 TF 3.2 NA	AME TREET ADDI ITY-ST-ZIP TLE				_ ·	
TITLE NAME STREET ADDRESS	~		-	DELETE	2.4 Cl 3.1 Tn 3.2 NA 3.3 ST	AME TREET ADDI ITY-ST-ZIP TLE AME	RESS			_ Change	
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TITLE NAME STREET ADDRESS' CITY-ST-ZIP TITLE	~ · · · · · · · · · · · · · · · · · · ·				- 2.3 ST 2.4 Cl 3.1 TD 3.2 NA 3.3 ST 3.4 Cl 4.1 TD 4.2 NA	AME TREET ADDR ITY-ST-ZIP TLE AME TREET ADDR ITY-ST-ZIP	RESS			_ Change	☐ Addition
TITLE NAME STREET ADDRESS' CITY-ST-ZIP TITLE NAME STREET ADDRESS	~ · · · · · · · · · · · · · · · · · · ·		-		- 2.3 ST 2.4 CO 3.1 TD 3.2 NA 3.3 ST 3.4 CO 4.1 TD 4.2 NA 4.3 ST	AME TREET ADDR TITY-ST-ZIP TLE AME TREET ADDR TITY-ST-ZIP TLE AME	RESS			_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			-		- 2.3 ST 2.4 CO 3.1 TD 3.2 NA 3.3 ST 3.4 CO 4.1 TD 4.2 NA 4.3 ST	TREET ADDR TO STATE THE TREET ADDR TITY-ST-ZIP TLE AME TREET ADDR TLE TREET ADDR TTY-ST-ZIP TLE TREET ADDR TTY-ST-ZIP	RESS			_ Change	☐ Addition
TITLE NAME STREET ADDRESS' CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DELETE	- 2.3 ST 2.4 CI 3.1 TO 3.2 NA 3.3 ST 3.4, CI 4.1 TO 4.2 NA 4.3 ST 4.4 CI 4.4 CI 4.4 CI 5.4 CI 5. CI 5.4 CI 5. CI 5.4 CI 5	TY-ST-ZIP TLE AME TREET ADDA TTY-ST-ZIP TLE AME TREET ADDA TTY-ST-ZIP TLE TTY-ST-ZIP TLE	RESS			☐ Change	Addition
TITLE NAME STREET ADDRESS' CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DELETE	- 2.3 ST 2.4 Cl 3.1 TI 3.2 NA 3.3 ST 3.4 Cl 4.1 TIT 4.2 N. 4.3 ST 4.4 Cl 5.1 TI 5.2 N/	TY-ST-ZIP TLE AME TREET ADDA TTY-ST-ZIP TLE AME TREET ADDA TTY-ST-ZIP TLE TTY-ST-ZIP TLE	RESS		± → 507 ·	☐ Change	Addition
TITLE NAME STREET ADDRESS' CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			-	DELETE	- 2.3 ST 2.4 Cd 3.1 Tm 3.2 NA 3.3 ST 3.4 Cd 4.1 TT 4.2 N. 4.3 ST 4.4 Cd 5.1 TT 5.2 NV 5.3 ST	TREET ADDRI TITY-ST-ZIP TILE AME TREET ADDRI TITY-ST-ZIP TILE AME TREET ADDRI TY-ST-ZIP TILE AME	RESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			-	DELETE	- 2.3 ST 2.4 Cd 3.1 Tm 3.2 NA 3.3 ST 3.4 Cd 4.1 TT 4.2 N. 4.3 ST 4.4 Cd 5.1 TT 5.2 NV 5.3 ST	AME ITY-ST-ZIP TLE ITY-ST-ZIP TLE ITY-ST-ZIP TLE ITY-ST-ZIP ITY-ST-ZIP ITY-ST-ZIP	RESS			☐ Change	Addition

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 24, 1999 8:00 am

Secretary of State

03-24-1999 90025 013 ***150.00