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 # P9400092527

1. Corporation Name

BOWMAN INTERNATIONAL DISC, INC.

	·							Barra d a 11 8 1800 a 1816 a a 1817 a a	35 111 33 11 6 1311 6 11 8 11	01110 (1071 (001 (00)	
Principal Place of Business Mailing Address							"				
4304 BEACH PARK DRIVE 4304 BEACH PARK DRIVE											
TAMPA FL 33609 TAMPA FL 33609							DO NOT WRITE IN THIS SPACE				
							0.0-4-1-	ncorporated or Qualifed	IN THIS SPACE	1	
								•			
								2/1994		1-5-15-	
			Mailing Address			4. FEI Nu		Щ	Applied For		
21			26				59-32	<u> 287165</u>	*0.7	Not Applicable	
			Suite, Apt. #, etc.	luite, Apt. #, etc.			5. Certifo	ate of Status Desired		5 Additional	
22 27								<u></u>			
- City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23		28					_	und Contribution		ed to Fees	
Zip	Country Zip				intry			8. This corporation owes the current year Intangible Personal Property Tax Yes You			
24 25 29				30	_			al Property Tax.	☐Yes	UMZ NO	
	9. Name and Address of Curren	t Regis	stered Agent		-		10. Name	and Address of New Re	gistered Agent		
LILMED IAMEO III					81	Name	•				
ULMER, JAMES III					82	Street	reet Address (P.O. Box Number is Not Acceptable)				
4304 BEACH PARK DRIVE											
TAMPA FL 33609				Ţ			F1 85 Zip.Code			医增集制	
•					84	City		को किं≃ा । का दिवारत को हिल् . : अके के किंद्रकार अने तार्वकार स	1 - 141 - 151 Fr. 32 5 0E 12	Zin Code	
					04	City		计引起数 医胚病	**FL: **	1 (2000)	
11. Pursuant	to the provisions of Sections 607.0502	2 and 6	07.1508, Florida Statu	tes, the a	bove	e-named	orporation submit	ts this statement for the pu	rpose of changing	its registered	
office or re	egistered agent, or both, in the State (of Florid	da. Such change was a	uthorize	o by	the corpo	ration's board of o	directors. I hereby accept	the appointment a	s registered	
agent. i ai	m familiar with, and accept the obligation			niua Stai	uico	•		4/12	2/99		
SIGNATURE	Signature, typyld or printed name of registered agen	t and title		: Registere	Ager	ıt signature r	quired when reinstating)	——————————————————————————————————————	DATE	\	
12.	OFFICERS AN			13.				ONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
TITLE	D		DELETE	1.1 3	TLE		D		. Char	nge Addition	
NAME	ULMER, JAMES JR.			1.2 N	AME		•	JAMES JR.			
STREET ADDRESS	BRYSON BLVD.					ADDRESS		MONT CIRCLE		·	
	MODELOOD DA 45445			1.4 CITY-ST-ZIP		UNIONTOW	•				
CITY-ST-ZIP	DST		☐ DELETE	2.1 T		±-ZIP	UNDA 10W	M, 17M 13401	☐ Char	nge 🗆 Addition	
TITLE											
NAME	ULMER, JAMES III			2.2 N							
STREET ADDRESS	4304 BEACH PARK DRIVE			2.3 S	TREET	ADDRESS			~	ĺ	
CITY-ST-ZIP	TAMPA FL 33629					T-ZIP		ر چې د د		اد - حجب المحد	
TITLE`` "	D DELETE		3.1 T	3.1 TITLE				☐ Char	nge		
NAME	ULMER, ĐAVID			3.2 N	AME						
STREET ADORESS	325 SARATOGA DRIVE			3.3 S	TREE	ADDRESS					
CITY-ST-ZIP	UNIONTOWN PA 15401			3.4. 0	ITY-S	T-ZIP					
TITLE	D DELETE		4.1 T	4.1 T/TLE		D		 	nge 🔲 Addition		
NAME .	ULMER, WILLIAM			4,21	AME			LLMER, WILLIA	rW.	į	
STREET ADDRESS	192 S. BEESON STREET			4.3 S	TREE	ADDRESS	311 DE	PRICK AUG.			
CITY-ST-ZIP	UNIONTOWN PA 15401			4.4 0	ITY-S	T-ZIP	UNIONTOWN	.			
TITLE	DP		DELETE	5.1 T			211 2 12 12 12 12		. Chai	nge 🔲 Addition	
NAME	STANDISH, CLAIRE		_ 	5.2 N							
	3 LYDIA DRIVE					ADDRESS		, .			
STREET ADDRESS	O LIDIA DINIYE			- 1							
OID (OT 7:0	INIONTOWN PA			540	ITY-S	T-ZIP					
CITY-ST-ZIP	UNIONTOWN PA	·	☐ DELETE	5.4 C 6.1 T	ITY-S	T-ZIP			☐ Char	nge	

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, dr on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90072 025 ***150.00