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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027774 (5)

JOWERS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
7132 LITTLE RD NEW PORT RICHEY FL 34654 US	13915 TENNYSON DR. HUDSON FL 34667	DO NOT WRITE
		3. Date Incorporated or Qualified 04/04/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 /3915 TENNYSONT	1. 26	59-3308168
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired
City & State 23 LUDSON. 71	City & State	Election Campaign Financing Trust Fund Contribution

FILED Apr 13 1998 8:00am Secretary of State

IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA 29 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOWERS, HENRY C 13915 TENNYSON DR. 82 Street Address (P.O. Box Number is Not Acceptable) **HUDSON FL 34667** 83 84 City 85 Zip Code 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 wolfn 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. 12. CERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE JOWERS, HENRY C NAME 1.2 NAME 13915 TENNYSON DR. STREET ADDRESS 1.3 STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 rue 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 kustoe 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.

CIGNATURE:

11, 198

812-844-581