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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

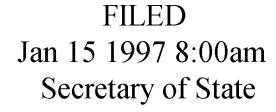
Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000043307 (4)

J. M. BOWES AVIATION, INC.

Principal Place of Business

Mailing Address





309 50TH STREET WEST BRADENTON FL 34205		308 50TH STREET WEST BRADENTON FL 34209-2856					
					3. Date Incorporated or Qualified 05/30/1995	3a. Date of Last 04/17/1996	
2. Principal Place of Busness		2a. Mailing Address			4. FE! Number		Applied For
21		26			59-3328970		Vot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc. 27			5. Certificate of Status Desired		Additional Required
City & Stat	e 	Cily & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Count	у	8. This corporation has liability for		s. 199.032.
24	25	29	30			Yes No	
	9, Name and Address of Curr	eni Hegistered Agent	8	Name	10. Name and Address of New Re	gistered Agent	
	LINS, SCOTT B ESQ.		•	Name			
1910 MANATEE AVENUE WEST BRADENTON FL 34205				82 Street Address (P.O. Box Number is Not Acceptable)			
			]8	3			
			8	4 City		FL 85 Zi	o Code
office or r	to the provisions of Sections 607.0 registered agent or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such chance wa	as authorized I	ov the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing of the appointment a	its registered as registered
SIGNATURE							
12.	Signature typed a parted a mediate or registered	agent and the it amplicable (	NOTE: Registered A	gent signature requ	uirod when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	ADC IN 10
TITLE	PSD	DELETE	11 1111	T	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	BOWES, MICHAEL J		1.2 NAM				, L_ , 100
STREET ADDRESS	308 50TH STREET WEST			ET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CiTY	i			
TIFLE		☐ DELETE	2.1 1/TLE			☐ Change	Addition
NAME			2 2 NAM	\ \ \		_ ·	
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP			2 4 CITY				
TITLE		☐ DELETE.	3 1 7171.6			Change	Addition
NAME			3.2 NAM				
STREET ADORESS			33 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4 CITY	-ST-ZIP			
TITLE		DELETE	4.1 T TLE			Change	Addition
NAME			4. 2 NAN	E			
STREET ADDRESS			43 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CiTY	ST-ZIP			·
TITLE		☐ DELETE	5.1 T TL			☐ Chang	Addition
NAME			5.2 NAM				
STREET ADORESS			5 3 STRE	ET ADDRESS			
City-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 HTL			Change	Addition
NAME			6 2 NAM	E			
STREET ADDRESS			63 STRE	ET ADDRESS			
CITY-ST-ZIP			6 4 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

SIGNATURE:

Some SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR