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

APPROVED AND FILED
97 OCT 29 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000094668 (7)**

1. Corporation Name
FOWLER BROTHERS, INC.

Principal Place of Business
712 US HWY ONE
NORTH PALM BEACH FL 33408

Mailing Address
712 US HWY ONE
NORTH PALM BEACH FL 33408-4509

3. Date Incorporated or Qualified: **12/08/1995**
3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business
21 1155 Rushing Parc Dr
Suite, Apt. #, etc. 22
City & State 23 Birmingham, AL
Zip 24 35244 Country 25 USA

2a. Mailing Address
26 1155 Rushing Parc Dr
Suite, Apt. #, etc. 27
City & State 28 Birmingham, AL
Zip 29 35244 Country 30 USA

4. FEI Number: **65-0629292** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
RYAN, JAMES D
712 US HWY ONE
NORTH PALM BEACH FL 33408 (address change only)

10. Name and Address of New Registered Agent
81 Name: James D. Ryan
82 Street Address (P.O. Box Number is Not Acceptable): 11891 US 1, Suite 201
83
84 City: North Palm Beach FL 85 Zip Code: 33408

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☐ DELETE	1.1 TITLE	DPST	☑ Change ☐ Addition
NAME	WILLIAM T PORTER		1.2 NAME	William T. Porter	
STREET ADDRESS	18213 SE FAIRVIEW CIRCLE		1.3 STREET ADDRESS	1155 Rushing Parc Dr.	
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP	Birmingham AL 35244	
TITLE		☐ DELETE	2.1 TITLE	300002995574	☐ Change ☐ Addition
NAME			2.2 NAME	-10/31/97--01106--002	
STREET ADDRESS			2.3 STREET ADDRESS	****550.00 ****550.00	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JR 10/30

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: [illegible] William T. Porter Birmingham AL 205-979-2411

CR2E034 (9/96)