

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

FILED  
Mar 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000028393 (2)

1. Corporation Name  
SUSAN BOWEN, INC.



Principal Place of Business

530 NE 39 STREET  
OCALA FL 34479

Mailing Address

530 NE 39 STREET  
OCALA FL 34479-2334

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BOWEN, SUSAN  
530 NE 39 STREET  
OCALA FL 34479

3. Date Incorporated or Qualified

04/02/1996

3a. Date of Last Report

4. FEI Number

59-3368577

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVSD	<input type="checkbox"/> DELETE
NAME	BOWEN, SUSAN	
STREET ADDRESS	530 NE 39 STREET	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21.2 NAME	
21.3 STREET ADDRESS	
21.4 CITY-ST-ZIP	
31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31.2 NAME	
31.3 STREET ADDRESS	
31.4 CITY-ST-ZIP	
41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41.2 NAME	
41.3 STREET ADDRESS	
41.4 CITY-ST-ZIP	
51.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51.2 NAME	
51.3 STREET ADDRESS	
51.4 CITY-ST-ZIP	
61.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61.2 NAME	
61.3 STREET ADDRESS	
61.4 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 *[Signature]*

3/11/97

352 232 284

CR2E034 (9/96)