

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000072930 (6)

1. Corporation Name

CONNIE MAY FOWLER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
RR1 BOX 3450 ALLIGATOR POINT FL 32346 US		ROUTE 1 BOX 3450 ALLIGATOR POINT FL 32346	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	P.O. Box 31
22	City & State	27	Lloyd FL
23	Zip	28	Country
24	Country	29	32337

3. Date Incorporated or Qualified	
09/04/1996	
4. FEI Number	Applied For
59-3396295	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
FOWLER, MIKA A ROUTE 1 BOX 3450 ALLIGATOR POINT FL 32346	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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 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	D	1.1 TITLE	
NAME	FOWLER, CONNIE MAY	1.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 3450	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	FOWLER, MIKA A	2.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 3450	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE:

[Signature]

3/10/98

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