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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000092815 (5)

BOWLES APPRAISAL SERVICES, INC.

FILED Apr 22 1998 8:00am Secretary of State



					<u> </u>	BHA 11864 (BIB) 1488 (BHA) 1844 (BHA)
Principal Pla	ace of Business	Mailing Address			i raaishdi eta ekira kirit bairi bairi datu batu batu	BILD LINDS INCOL HAND! Elst 1884
7300 ALOMA AVE 7300 ALOMA AVE						
WINTER PARK FL 32792		WINTER PARK FL 32792		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	<u> </u>
					11/08/1996	İ
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	Applied For
21		26		59-3411793	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27		C. Commodic or children beautiful	Fee Required	
_	ate	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country		Country		Trust Fund Contribution	Added to Fees
24	25)	30		This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year intangible Yes No
57	9. Name and Address of Currer		301		10. Name and Address of New Registered	
R	OWLES, WILBUR G		81	Name		
	300 ALOMA AVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	INTER PARK FL 32792		02	Street Adu	ress (F.O. Box Number is Not Acceptable)	
			83			
			84	City		B5 Zip Code
			04	City	F	L B5 Zip Code
11. Pursuar	nt to the provisions of Sections 607.050	22 and 607 1508, Florida Statute	es, the above	e-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	of changing its registered
agent. I	l am fam iliar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statule	у ине согрога 8.	norrs board or directors, i hereby accept the ap	opointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age	ent aud title if applicable (NOTE D DIRECTORS		ent signature requi	red when reinstating) DATE	
12. TITLE	OFFICERS AN	DELETE	13.	 	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	WELATE ALLINE D		1.2 NAME			
STREET ADDRESS	7300 ALOMA AVE		1.3 STREET	ADDRESS		[
CITY-ST-ZIP	WHITED DARW EL GOTOG		1.4 CHY- S			إ
TITLE			2 1 TITLE	/· • !!	7.00	Change Addition
NAME	BOWLES, WILBUR G		2.2 NAME			
STREET ADDRESS	s 7300 ALOMA AVE		23 STREET	ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		2. 4 CITY-	ST-ZIP		
TITLE	☐ DELETE 31 T		31 TITLE			Change Addition
NAME	32 N		3.2 NAME			
STREET ADDRESS	s	335		ADDRESS		
CITY-ST-ZIP				ST-ZIP		
TITLE		DELETE 41TI		}		L Change L Addition
NAME			4 2 NAME			
STREET ADDRESS	.		4 3 STREET			
CITY-ST-ZIP TITLE		☐ DELETE	. 44 CITY - S 51 TITLE	ST-ZIP		Change Addition
NAME			5 1 MILE 5 2 NAME		·	CH Change CH AUGILION
STREET ADDRESS			5.3 STREET	AUDOCCC		
*	° [
CITY-ST-ZIP TITLE			5.4 City - S 6.1 Title	51 - LIF		Change Addition
NAME			6.2 NAME			
STREET ADDRESS	s		6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
						

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 true and accurate and that my signature shall have the same legal effect as if made under eath; 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.