

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

FILED  
Mar 25 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 # P96000095329 (4)

1. Corporation Name

JACQUELYNN ANN COWLES, ESQ. P.A.



Principal Place of Business

Mailing Address

1017 THOMASVILLE RD  
SUITE D  
TALLAHASSEE FL 32303  
US

5050 VELDA DAIRY ROAD  
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1996

4. FEI Number

59-3412279

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 239 E. VIRGINIA ST.

Suite, Apt. #, etc.

22 City & State

23 TALLAHASSEE FL

Zip

24 32301

Country

25 USA

2a. Mailing Address

26 239 E. VIRGINIA ST.

Suite, Apt. #, etc.

27 City & State

28 TALLAHASSEE FL

Zip

29 32301

Country

30 USA

9. Name and Address of Current Registered Agent

COWLES, JACQUELYNN ANN  
3241 MAJESTIC PRINCE TRAIL  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

SAME

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

239 E VIRGINIA ST

83

84 City

TALLAHASSEE

FL

85 Zip Code

32301

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

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS COWLES, J. ANN  
CITY-ST-ZIP 3241 MAJESTIC PRINCE TRAIL  
TALLAHASSEE FL

TITLE ☐ DELETE  
NAME ST  
STREET ADDRESS FEWOX, R. DAVID  
CITY-ST-ZIP 6147 SAINT JOE ROAD  
TALLAHASSEE FL 32311

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME COWLES, J. ANN  
1.3 STREET ADDRESS P.O. Box 233 (U.S. Hwy 98)  
1.4 CITY-ST-ZIP CARLETON FL 32322

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME FEWOX, R. DAVID  
2.3 STREET ADDRESS 23 LINCOLN COURT  
2.4 CITY-ST-ZIP CRAWFORDVILLE FL 32327

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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]

3-23-98 [Signature]

CR2E034 (10/97)