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Feb 10 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 # P97000040458 (6)

1. Corporation Name

BOWMAN PROPERTY SERVICES, INC.

Principal Place of Business

~~8220 BONITA BEACH ROAD~~
~~SUITE 200~~
~~BONITA SPRINGS FL 34135~~

Mailing Address

~~8220 BONITA BEACH ROAD~~
~~SUITE 200~~
~~BONITA SPRINGS FL 34135~~

2. Principal Place of Business

21 1248 Airport Rd N

Suite, Apt. #, etc.

22 City & State

23 Naples, FL

Zip

24 34104

Country

25 USA

2a. Mailing Address

26 1248 Airport Rd N

Suite, Apt. #, etc.

27 City & State

28 Naples, FL

Zip

29 34104

Country

30 USA

9. Name and Address of Current Registered Agent

BOWMAN, STEPHEN B
9739 SUSSEX STREET
NAPLES FL 34109

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

59-3446927

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BOWMAN, STEPHEN B
STREET ADDRESS 9739 SUSSEX STREET
CITY-ST-ZIP NAPLES FL 34109

TITLE D
NAME CHRISTIANSEN, SUZANNE ELAINE
STREET ADDRESS 4303C ISLAND CIRCLE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D & P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D & ST
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
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 registered agent 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 additional page with an address.

SIGNATURE:

Stephen B Bowman 2/7/98 941-5979455

CP2E034 (10/97)