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Mar 09, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000081287

1. Corporation Name
NELSON W. BOWICK, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1315 E MICHIGAN ST ORLANDO FL 32806
 Mailing Address: P.O. BOX 351 YANKEETOWN FL 34498 US

3. Date Incorporated or Qualified: 09/18/1997
 4. FEI Number: 59-3468135
 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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #: 22
 City & State: 23
 Zip: 24
 2a. Mailing Address: 26
 Suite, Apt. #: 27
 City & State: 28
 Zip: 29
 Country: 30

9. Name and Address of Current Registered Agent

PUDER, JOHN NELSON
 1315 E MICHIGAN ST
 ORLANDO FL 32806

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PUDER, JEAN	
STREET ADDRESS	1315 E MICHIGAN ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PUDER, JOHN NELSON	
STREET ADDRESS	1315 E MICHIGAN ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	IDEASWEEK	<input type="checkbox"/> DELETE
NAME	Puder, T.H.	
STREET ADDRESS	1107 NW 39 D	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T. H. PUDER
3.3 STREET ADDRESS	1107 NW 39 DR.
3.4 CITY-ST-ZIP	GAINESVILLE FL 32605
4.1 TITLE	V. PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARMY GLADY PUDER
4.3 STREET ADDRESS	1121 NW 36 Street
4.4 CITY-ST-ZIP	Gainesville FL 32605
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 the back of the document, with all other like empowerments.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN NELSON PUDER SECRETARY 407/897-8562
 2/18/99 Daytime Phone #

CR2E034 (11/98)