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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800030155

Corporation Name

W. R. BOWSKY JR. & ASSOCIATES, INC.

Principal	Place	of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90120 041 ***150.00



33321 FOUNTAI LEESBURG FL					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/30/1998					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For	
	1659 E. ALFRED ST. 26 1059 E. ALFRE			ED ST 59-3507272 060403 Not					ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.						\$8.75	Additional	
' '	SUITE 10 27 SUITE 10					5. Certifcate of Status Desired		Fee Re	equired	
City & State		City & State				6. Election Campaign Financin	1g	\$5.00	May Be -	
23 TAV		28 TAVARES F	=[_			Trust Fund Contribution	<u> </u>	Added	to Fees	
Zip	Country	Zip	Coun	stry		8. This corporation owes the c	urrent year Ir	ntangible		
24 3277	8 25 USA	29 32778 3	o u	5/	Δ.,	Personal Property Tax.		Yes	ØN₀	
<u>0,0 ,,</u>	9. Name and Address of Current					10. Name and Address of Ne	w Registered	1 Agent		
			- 1	81] <u>!</u>	Name					
TAYL	.OR, L E		ļ.	82		In as /D.O. Bay Number in Not App	ntable)	<u> </u>		
1029 WEST MAGNOLIA STREET			['	82 3	Street Add	t Address (P.O. Box Number is Not Acceptable)				
LEES	BURG FL 34748		17	83						
						·				
			-	84	City		FI	L 85 Zip	Code	
office or nagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was autons of, Section 607.0505, Florid	norized la Statut	by thi tes.	e corporat	ion's board of directors. Thereby ac	cehi iile abbi	of changing its pintment as re	s registered egistered	
	Signature, typed or printed name of registered agent a		· <u> </u>	Agent si	ignature requir	ed when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIPECT	DPS IN 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	JEFFICERS A	Change	Addition	
TITLE	D	☐ DELETE	1.1 TTL					Change		
NAME	BOWSKY, W R JR.		1.2 NAN							
STREET ADDRESS	33321 FOUNTAIN LANE		1.3 STR	REET AL	DDRESS					
CITY-ST-ZIP	LEESBURG FL 34788		1.4 CIT	Y-ST-Z	IP.		. <u>.</u>		<u> </u>	
7ITLE		☐ DELETÉ	2.1 ΠΠ	LE				Change	☐ Addition	
NAME			2.2 NAM	ME						
STREET ADDRESS			2.3 STR	REET AL	DDRESS				}	
CITY-ST-ZIP			2. 4 CIT	Y-ST-Z	ZIP					
TITLE		☐ DELETE	3,1 TIT	LE				Change	☐ Addition	
NAME			3.2 NAM	ME						
CYDEET ADDRESS			3.3 STF	REETA	DDRESS					

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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STORYING PRICER OR DIRECTOR

4/27/99

352-742-5225

(ZEU34 (11/98)

☐ Addition

☐ Addition

Addition

Change

Change

Change