

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90053 014 \*\*\*150.00

DOCUMENT # P98000050230

1. Corporation Name  
BOWMAN KIDS, INC.

Principal Place of Business  
C/O H. STRATTON SMITH, III, P.A.  
611 WEST AZEELE STREET  
TAMPA FL 33606

Mailing Address  
C/O H. STRATTON SMITH, III, P.A.  
611 WEST AZEELE STREET  
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/04/1998

4. FEI Number  
59-3522593

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 3407 Latania Drive

2a. Mailing Address  
26 3407 Latania Drive

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23 Tampa FL

City & State  
28 Tampa FL

Zip Country  
24 33618 25 USA

Zip Country  
29 33618 30 USA

9. Name and Address of Current Registered Agent

SMITH, H S III  
611 WEST AZEELE STREET  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name Walt Karniski M.D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
4331 Carrollwood Village Drive  
83  
84 City Tampa FL 85 Zip Code 33624

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 Walt Karniski  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME Walt Karniski, M.D.  
STREET ADDRESS 4331 Carrollwood Village Dr.  
CITY-ST-ZIP Tampa FL 33624

TITLE ☐ DELETE  
NAME Vice President  
Lois Delaney  
STREET ADDRESS 327 South Bath Club Blvd.  
CITY-ST-ZIP North Reddington Beach FL 33708

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Walt Karniski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99  
Date

(813) 3530211  
Daytime Phone #

CR2E034 (11/98)