


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90009 009 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000065466

1. Corporation Name  
 COWART & COMPANY, INC.



Principal Place of Business: 3503 W BARCELONA ST TAMPA FL 33629  
 Mailing Address: 3503 W BARCELONA ST TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1998

4. FEI Number: 59-3531158

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:  Yes  No

9. Name and Address of Current Registered Agent: GARDNER, J. STEPHEN, 220 SOUTH FRANKLIN ST, TAMPA FL 33602

10. Name and Address of New Registered Agent: PATRICIA A. COWART, 3503 W. BARCELONA ST., TAMPA, FL 33629

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 obligation(s) of, section 607.0505, Florida Statutes.

SIGNATURE: Patricia A. Cowart, PATRICIA A. COWART, DATE: Sept 1, 1999

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE TITLE: PRESIDENT NAME: PATRICIA A. COWART ADDRESS: 3503 W. BARCELONA ST ZIP: TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE: P/V/T/S/D/C/M 1.2 NAME: Patricia A. Cowart 1.3 STREET ADDRESS: 3503 W. Barcelona Street 1.4 CITY-ST-ZIP: Tampa, Florida 33629		
<input type="checkbox"/> DELETE TITLE: NAME: ADDRESS: ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:		
<input type="checkbox"/> DELETE TITLE: NAME: ADDRESS: ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:		
<input type="checkbox"/> DELETE TITLE: NAME: ADDRESS: ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:		
<input type="checkbox"/> DELETE TITLE: NAME: ADDRESS: ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:		
<input type="checkbox"/> DELETE TITLE: NAME: ADDRESS: ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:		

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 stated 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia A. Cowart, PATRICIA A. COWART, DATE: 9/1/99, Daytime Phone #: 813-832-8233

CR2E034 (5/99)