

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

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

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

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**

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

**59-3531158**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional.  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARDNER, J. STEPHEN  
220 SOUTH FRANKLIN ST  
TAMPA FL 33602**

81 Name

**PATRICIA A. COWART**

82 Street Address (P.O. Box Number is Not Acceptable)

**3503 W. BARCELONA ST.**

83

84 City

**TAMPA**

**FL**

85 Zip Code

**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.

NATURE

**Patricia A. Cowart**

**PATRICIA A. COWART**

**Sept 1, 1999**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**PRESIDENT**  
**PATRICIA A. COWART**  
**3503 W. BARCELONA ST**  
**TAMPA, FL 33629**

☐ DELETE

1.1 TITLE

**P/V/T/S/D/C/M**

☐ Change ☒ Addition

ADDRESS

1.2 NAME

**Patricia A. Cowart**

ZIP

1.3 STREET ADDRESS

**3503 W. Barcelona Street**

1.4 CITY-ST-ZIP

**Tampa, Florida 33629**

☐ Change ☐ Addition

ADDRESS

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS

☐ DELETE

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**

9/1/99

**813-832-8233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0088607