## 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 # S51030 1. Corporation Name

BOWLEN AND WHARTON, INC.

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90073 001 \*\*\*150.00



				4ji 01311 BIBN BIBN 1881
rincipal Place of Business	Mailing Address			
O DELANNOY AVE	781 SANDHILL CRANE CT.			
OCOA FL 32922	<del>rockledge fl. 32955</del> Us		DO NOT WRITE IN THIS SPA	CE
	00		3. Date Incorporated or Qualifed	
			05/06/1991	·
Principal Place of Business	2a. Mailing Address	1 D1	4. FEI Number	Applied For
	26 1016 VILL	A DR	59-3070407	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		LE Cortificate of Status Desired 1.1	8.75 Additional Fee Required
City & State	City & State  MELBOUR	ENE FL		55.00 May Be Added to Fees
Zip Country	Zip 2 - A. /	Country	8. This corporation owes the current year Intangib	le ,
25	29 97940 3	0 8 USA	Personal Property Tax.	∕es <b>Ø</b> No
9. Name and Address of	Current Registered Agent		10. Name and Address of New Registered Agen	ıt
		81 Name		
BOWLEN, DONALD E.	1-16 11 11 A D	92 Street A	Address (P.O. Box Number is Not Acceptable)	
781-SANDHILL CRANE CT:	1016 VILLA DA	<   Sileer /	radiess (F.O. Dox Number is Not Acceptable)	
ROCKLEDGE FL 32955	1016 VILLA DI 1ELBOURNE, FL 3294	83		
•	3294	6		T =
	5-176	84 City	FL  85	Zip Code
Pursuant to the provisions of Sections 6	507 0502 and 607 1508 Florida Statutes	the above-named	corporation submits this statement for the purpose of change	aina its reaistered
office or registered agent, or both, in the	e State of Florida. Such change was aut e obligations of, Section 607.0505, Floric	horized by the corpo	ration's board of directors. I hereby accept the appointmen	nt as registered
SNATURE				
Signature, typed or printed name of regis		egistered Agent signature re		
7	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	
E D	<b>—</b>	1,1 TITLE	<b>X</b>	Change
WHARTON, JOHN G., JI		1.2 NAME	LOUGH PHARMA NAMED AND DO	
EET ADDRESS 781 SANDHILL CRANE (	.از	1.3 STREET ADDRESS	1016 BED VILLA DR	· · · · ·
ROCKLEDGE FL		1.4 CITY-ST-ZIP		1940
E D	☐ DELETE	2.1 TITLE	7	Change
E BOWLEN, DONALD E.		2.2 NAME		
EET ADDRESS 781 SANDHILL CRANE (	CT.	2.3 STREET ADDRESS	MELBOURNE FL - 3	~ ~
-ST-ZIP ROCKLEDGE FL		2. 4 CITY-ST-ZIP	MELBOURNE FL 3	2440
E	☐ DELETE	3.1 TITLE		Change
IE.		3.2 NAME		
EET ADDRESS		3.3 STREET ADDRESS		
/-ST-ZIP		3.4. CITY-ST-ZIP		_
E	☐ OELETE	4.1 TITLE		Change Addition
- 1E		4, 2 NAME		
EET ADDRESS		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
(-ST-ZIP E	☐ DELETE	5.1 TITLE	П	Change Addition
<b>↓</b>		5.2 NAME		<del>-</del> —
NE		5.3 STREET ADDRESS		
REET ADDRESS		5.4 CITY-ST-ZIP		
Y-ST-ZIP	□ DELETE	6.1 TITLE		Change
E	□ SELETE			menge El vocinion
AE .		6.2 NAME		
EET ADDRESS		6.3 STREET ADDRESS		•

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.