

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S62094** (5)

BOWSTRINGS BY BITNER, INC.

Principal Place of Business: **21334 LAKE SHARON DRIVE
LAND O' LAKES FL 34639**
Mailing Address: **21334 LAKE SHARON DRIVE
LAND O' LAKES FL 34639**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/25/1991	05/01/1994
4. FEI Number		5. Certificate of Status Desired		Applied For	
59-3080940		<input type="checkbox"/>		Not Applicable	
6. Election Campaign Financing Trust Fund Contribution		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIFFIN, LINDA 7820 N. ARMENIA TAMPA 33604				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0002 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 607.0506, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D BITNER, ROBERT M. 21334 LAKE SHARON DRIVE LAND O'LAKES FL	1. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	34639
4. NAME	D BITNER, CAROL A. 21334 LAKE SHARON DRIVE LAND O'LAKES FL	4. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	34639
6. CITY & STATE		6. CITY & STATE	
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included on this report is a supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a if changed, on an attachment with this return.

SIGNATURE: *Carol A. Bitner* Carol A. Bitner 4-26-95 813-496-3570