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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE**PA**RTMENT OF STATE

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # S73167

(6)

BOWYER DEVELOPMENT CORPORATION

| | | | *** | | | | | | |
|--|---|-----------------------------|--|--|---|--|---------------------------------------|---------------------|-------------------|
| Principal Place of Business Mailing Address | | | | | *************************************** | | | | |
| 827 LONGBOAT CLUB ROAD LONGBOAT KEY FL 34228 US | | | 827 LONGBOAT CLUB ROAD Longboat key fl. 34 228 US | | | | | | |
| | | LONGBOAT KET FL : | | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 08/14/1991 | | of Last I 5/01/1 | |
| 1 ' | | 2a. Mailing Address | 'n | | 4. FEI Number 65-0276762 | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | ' | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | | City & State | ") | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| 7ip 24 | Country 25 | Zip 29 | 30 | untry | 18.4 hour - About Palebook - b - 1 | 8. This corporation has liability for Florida Statutes Yes | | | / |
| | 9, Name and Address of Current | | I | T | | 10. Name and Address of New R | | Agent | |
| | | | | 81 | Name | | | | |
| | R, WILLIAM | | | 82 Street Add | | ress (P.O. Box Number is Not Acceptab | le) | | |
| 827 LONGBOAT CLUB ROAD LONGBOAT KEY FL 34228 | | | | | | | | | |
| LUNGBU | UA1 KET FL 34228 | | | 83 | | | | | |
| | | | | 84 | City | | FL | 85 Z | ip Code |
| 11. Pursuant t | o the provisions of Sections 607.0502 a | and 607.1508, Florida Statu | tes, the ab | ove-n | amed corpo | ration submits this statement for the pur | pose of cha | unging its | registered office |
| | ed agent, or both, in the State of Florida h, and accept the obligations of, Section | | | corpo | oration's boa | ird of directors. I hereby accept the appli | ointment as | registere | d agent. I am |
| SIGNATURE | | | | | | | | | |
| 12. | Signature hypod or printed name of registered agent an OFFICERS AND | | O16 Registere ■ 13. | d Agen | t signature recove | d when reinstating) ADDITIONS/CHANGES TO OFF | DATE CEDS AND | DIDECT | OBC M 12 |
| TITLE | DPST | DELETE | 1 1 | TITLE | ····· | ADDITIONS/CHANGES TO OFF | | Change | |
| NAME | Bowyer, William L. | <u></u> | | IAME | | | • | | |
| STREET ADDRESS | 827 LONGBOAT CLUB ROAD | | 135 | TREET | ADDRESS | 258 | | | |
| CITY - ST - ZIF | LONGBOAT KEY FL | | 140 | HY-S | T - Z IP | | | | |
| TITLE | VAS | DEFETE | DELETE 2.1 | | | | [|] Change | Addition |
| NAME | FOSTER, SANDRA E. | | 22 N | I4ME | | | | | |
| STREET ADORESS | 827 LONGBOAT CLUB ROAD LONGBOAT KEY FL | | | | ADDRESS | | | | |
| CITY-ST-ZIP | LONGDOALKET FL | DELETE | | TY - S | T- ZIP | | · · · · · · · · · · · · · · · · · · · | T Change | [] Addition |
| TITLE NAME | | L., 174.11 11 | 3 1 1 3 2 N | | | | L |] Change | L. Muditian |
| STREET ADDRESS | | | 1 | | ADDRESS | | | | |
| City-S1-ZIP | | | | 311 3 -51 | | | | | |
| TITLE | | DELETE | 4.17 | | | | | Change: | Addition |
| NAME | | | 4.2 N | AME | ļ | | _ | - | |
| STREET ADDRESS | | | | TOFUE | ADCRESS | | | | |
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| | | | | ITY-SI | | | | | |
| TITLE | | [] DECEJE | | ITY - SI | | | Ī |] Change | Addition |
| TITLE NAME | | [] DELETE | 4.4 C | ITY - ST | | | Ī |] Changé | Addition |
| 1 | | [] DELETE | 4.4 C 5. 1 1 5.2 N | ITY - ST TITLE IAME | | | Ţ |] Change | Addition |
| NAME STREET ADDRESS CITY+ST-ZIP | | | 4.4 C 5. 1 1 5.2 N 5.3 S 5.4 C | ITY - ST TITLE IAME TREET . | 1-ZIP ADDRESS | | | | heard ' |
| NAME STREET ADDRESS CITY+ST-ZIP TOLE | | □ DETE1E | 4.4 C 5. 1 1 5.2 N 5.3 S 5.4 C 6 1 1 | OTY-ST OTLE IAME TREET. OTY-ST | 1-ZIP ADDRESS | | | Change Change | Addition |
| NAME STREET ADDRESS CITY+ST-ZIP TIBLE NAME | | | 4.4 C 5.11 5.2 N 5.3 S 5.4 C 6.11 6.2 N | HTY-SI HTTLE HAME TREET, HTY-SI HTTLE HAME | I-ZIP ADDRESS I-ZIP | | | | heard ' |
| NAME STREET ADDRESS CITY+ST-ZIP TOLE | | | 4.4 C 5.11 5.2 N 5.3 S 5.4 C 6.11 6.2 N | HTY-SI HTTLE HAME TREET, HTY-SI HTTLE HAME | 1-20P ADDRESS 1-71P ADDRESS | | | | heard ' |

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.

SIGNATURE: Bleeck

SIGNATURE AND TYPED GAPPHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(941)383-9502

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