

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V30282** (0)

1. Corporation Name

J. BOWMAN & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

10846-97TH STREET NORTH
SEMINOLE FL 34643

10846-97TH STREET NORTH
SEMINOLE FL 34643

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BOWMAN, GERALD J.
10846-97TH STREET NORTH
SEMINOLE FL 34643

3. Date Incorporated or Qualified

04/22/1992

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3123706

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DSPM	<input type="checkbox"/> DELETE
NAME	SOUTH, DAVID M	
STREET ADDRESS	509 ARMISTEAD PLACE	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWMAN, GRAHAM K	
STREET ADDRESS	15131 TOPAZ LANE	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	BOWMAN, GERALD J	
STREET ADDRESS	10846 97TH ST NO.	
CITY- ST- ZIP	SEMINOLE FL 34643-4443	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BOWMAN, PAMELA J	
STREET ADDRESS	10846 97TH ST NO.	
CITY- ST- ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOUTH, JANET W.	
STREET ADDRESS	509 ARMISTEAD PLACE	
CITY- ST- ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Gerald J. Bowman Gerald J. Bowman

3/29/96 813 398-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Electronic Filing

CR2E034 (12/95)