


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90008 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V30282

1. Corporation Name
J. BOWMAN & ASSOCIATES, INC.



Principal Place of Business 10846-97TH STREET NORTH SEMINOLE FL 33773 US	Mailing Address 10846-97TH STREET NORTH SEMINOLE FL 33773 33773
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3123706	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOWMAN, GERALD J. 10846-97TH STREET NORTH SEMINOLE FL 33773				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DSPM	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SOUTH, DAVID M		1.2 NAME				
STREET ADDRESS	2312 CALUMET AVE SE		1.3 STREET ADDRESS				
CITY-ST-ZIP	DECATUR AL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BOWMAN, GRAHAM K		2.2 NAME			Bowman, Abraham K	
STREET ADDRESS	1863 C. BOUGH AVE		2.3 STREET ADDRESS			3157 landmark Dr #422	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP			Clearwater FL 33761	
TITLE	PS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BOWMAN, GERALD J		3.2 NAME				
STREET ADDRESS	10846 97TH ST NO.		3.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BOWMAN, PAMELA J		4.2 NAME				
STREET ADDRESS	10846 97TH ST NO.		4.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SOUTH, JANET W.		5.2 NAME				
STREET ADDRESS	2312 CALUMET AVE SE		5.3 STREET ADDRESS				
CITY-ST-ZIP	DECATUR AL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE: Gerald J. Bowman *President*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/14/99** Daytime Phone # **727 398-4004**

CR2E034 (1/1/91)