

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # V33543 (2)

1. Corporation Name

FIRST COAST HEARING AID CENTER, INC.

~~BOWEN CONSULTING, INC.~~

Principal Place of Business

Mailing Address

1835 U.S. 1 SOUTH
STE. #127
ST. AUGUSTINE FL 32086

1835 U.S. 1 SOUTH
STE. #127
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1992

2. Principal Place of Business

21 541 Moultrie Wells Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 541 Moultrie Wells Rd

Suite, Apt. #, etc.

4. FEI Number

59-3119194

Applied For

Not Applicable

22 City & State

23 ST AUGUSTINE, FL

Zip

24 32086

Country

25 USA

27 City & State

28 ST. AUGUSTINE, FL

Zip

29 32086

Country

30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BOWEN, RONALD DALE
1835 US 1 SOUTH
STE 127
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

RONALD DALE BOWEN

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

541 MOULTRIE WELLS RD.

83

84 City

ST. AUGUSTINE

FL

85 Zip Code

32086

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

Ronald Bowen

RONALD D BOWEN - PRESIDENT

1-8-98

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

D
NAME
BOWEN, RONALD DALE
STREET ADDRESS
541 MOULTRIE WELLS RD
CITY-ST-ZIP
ST. AUGUSTINE FL

☐ DELETE

TITLE

D
NAME
BOWEN, ROSE MARY
STREET ADDRESS
541 MOULTRIE WELLS RD
CITY-ST-ZIP
ST. AUGUSTINE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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***150.00

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.

SIGNATURE: RONALD D BOWEN - PRESIDENT 1-8-98

CR2E034 (10/97)