

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

FILED

Jan 27 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 # V50576 (0)
1. Corporation Name
BOWEN ENTERPRISES, INCORPORATED



Principal Place of Business
1124 SKY HAWK MTN. ROAD
HIAWASSEE GA 30546
US

Mailing Address
1124 SKY HAWK MTN. ROAD
HIAWASSEE GA 30546
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/13/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		66-0385637	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BOWEN, ROBERT W~~
~~5031 FIFTH AVENUE~~
~~LOT A-7~~
~~KEY WEST FL 33040~~

81 Name

82

83

84

JOHN R. BOWEN

6699 San Casa Dr. Apt. L-6
Englewood, FL 34224

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent of this corporation is the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I a

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

12 JAN 98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, ROBERT W	1.2 NAME	
STREET ADDRESS	5031 FIFTH AVENUE A-7	1.3 STREET ADDRESS	1124 SKY HAWK MTN. ROAD
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	HIAWASSEE, GA 30546
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, JOHN R	2.2 NAME	6699 San Casa Dr. Apt. L-6
STREET ADDRESS	950 COLORADO AVE E22	2.3 STREET ADDRESS	Englewood, FL 34224
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KICK, JANE E	3.2 NAME	KUCK, JANE E
STREET ADDRESS	8282 S.W. 124 STREET B 8	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, ETHELWYN	4.2 NAME	
STREET ADDRESS	5031 FIFTH AVENUE A-7	4.3 STREET ADDRESS	1124 SKY HAWK MTN. ROAD
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	HIAWASSEE, GA 30546
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE:

John R. Bowen

1-21-98 9414732/71

CR2E034 (10/97)