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04-20-1999 90008 032 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V50576

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

3. Date Incorporated or Qualified

07/13/1992

4. FEI Number

66-0385637

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 6699 San Casa Drive

2a. Mailing Address

26 6699 San Casa Drive

Suite, Apt. #, etc.

22 Apt. # L-6

Suite, Apt. #, etc.

27 Apt. # L-6

City & State

23 Englewood, FL

City & State

28 Englewood, FL

Zip

24 34224

Country

25 USA

Zip

29 34224

Country

30 USA

9. Name and Address of Current Registered Agent

BOWEN, JOHN R
6699 SAN CASA DR
APT L-6
ENGLEWOOD FL 34224

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

John R. Bowen, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME BOWEN, ROBERT W
STREET ADDRESS 1124 SKY HAWK MTN. RD
CITY-ST-ZIP HIAWASSEE GA 30546
☒ DELETE

TITLE VP
NAME BOWEN, JOHN R
STREET ADDRESS 6699 SAN CASA DR APT L-6
CITY-ST-ZIP ENGLEWOOD FL 34224
☐ DELETE

TITLE S
NAME KUCK, JANE E
STREET ADDRESS 8282 S.W. 124 STREET B 8
CITY-ST-ZIP MIAMI FL 33156
☒ DELETE

TITLE T
NAME BOWEN, ETHELWYN
STREET ADDRESS 1124 SKY HAWK MTN. RD
CITY-ST-ZIP HIAWASSEE GA 30546
☒ 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 P
1.2 NAME Bowen, John R
1.3 STREET ADDRESS 6699 San Casa Drive, Apt L-6
1.4 CITY-ST-ZIP Englewood, FL 34224
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME SAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE S
3.2 NAME Sandy King Bowen
3.3 STREET ADDRESS 6699 San Casa Drive, Apt L-6
3.4 CITY-ST-ZIP Englewood, FL 34224
☒ Change ☐ Addition

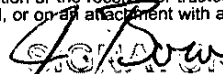
4.1 TITLE T
4.2 NAME Sandy King Bowen
4.3 STREET ADDRESS 6699 San Casa Dr., Apt L-6
4.4 CITY-ST-ZIP Englewood, FL 34224
☒ Change ☐ Addition

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

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:

 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

9414732171

Daytime Phone #

CR2E034 (11/98)