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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

SIGNATURE:

VEE140

(9)

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JIM I	Fowler	ENTERPRISES.	INC.

Periopal Place of Business Mailing Address				r real divers and alies here and	in idie debei didie difit fifti fitti	.1911 1591	
11060 S. PLEASENT GROVE ROAD INVERNESS FL 34452 US		11060 S. PLEASENT G INVERNESS FL 34452 US					
			Thursday		3. Date incorporated or Qualified 09/15/1992	3a. Date of Last Report 02/14/1995	
<b>2.</b> Principal Pia . <b></b>	ce of Business	2a. Mailing Address			4. FEI Number 59-3142089	Applied	
1   Suite, Apt. #	ole	Suite, Apt. #, etc.		<b>_</b>	39-3 142009		plicable
2	, 600	27			5. Certificate of Status Desired	S8.75 Addit	
City & State		City & State			6. Election Campaign Financing	\$5.00 May	 v Be
3		28			Trust Fund Contribution	Added to Fe	
- Zp -1	Country	Ζφ 7701	Country		8. This corporation has liability for		32,
4	25 9. Name and Address of Cu	rrent Begistered Apont	30		L	S □No	
	g, Hume and Address of Oc	Arreit Hogistered Agent	81	Name	10. Name and Address of New I	segietered Agent	
STONE.	LEWIS W.						
	HWY 19A		82	Street Add	ress (P.O. Box Number is Not Accepta	ole)	
	DORA FL 32757		83				
			84	O3.		11	
			84	City		FL 85 Zip Code	<del>)</del>
12. Ynd	CENCERS  PTD	S AND DIRECTORS	13. 1.1 HTLE	t signature require	ad when reinstating"  ADDITIONS/CHANGES TO OFF	··	12 Addition
NAV <sup>©</sup>	FOWLER, JAMES D.	L'I DETE IE				☐ Change ☐ i	Addition
STAGEL ADDRESS	11060 PLEASANT GROV	/F RD	1.2 NAME 1.3 STREES	ADDDCCC.			
City St Zie	INVERNESS FL		1.4 CiTY-5				
1111	VPSD	DELETE	2 1 JITLE	,, 1,,		Change []	Addition
NAME	FOWLER, BETTY J.		2 2 NAME	İ			
STREET ADDRESS	11060 PLEASANT GROV	Æ RD	2 3 STREE	ADDRESS			
ON \$1 70	INVERNESS FL		2.4 CiTy - 5	ST - ZIP			
Milf		☐ DELFTE	3 1 TITLE			Change :	Addition
SAM-			3 2 NAME				
STREET ADDRESS CHY ST Zim				I ADDRESS			
i lit		DELETE	3 4 CITY - 5 4 1 TITLE	ST-7IP		Change ,	Addition
NAM!-		<u>_</u>	4 2 NAME			[] ounds	100/10/1
STREET ADDRESS			4.3 STREE	ADDRESS			
CITA - \$1 - 20P			4.4 CITY - 5				
l Iti		DELFIE	5 1 TITLE			Change .	Addition
NAME			52 NAME	1			
STREET ADDRESS			53 STREE	ADDRESS			
CHY SEZIP		← Delete	5.4 CHTY - 5	31 - 7IP			4 3 3 4 4 4 4
l lef ments		☐ DELFTE	6 1 THE			Change .	Addition
NAME STREET ADORESS			62 NAME	Annates			
CHY ST ZP			63 STREET				
14. I do horeby	certify that the information supp	olied with this filling is voluntarily furnis	shed and doc	s not qualify	for the exemption stated in Section 119	I.07(3)(k), Florida Statutes. I fu	urther
certify that oath; that I	trie information indicated on this am an officer or director of the c	annua: report or supplemental annu	ual report is tri s empowered	ie and accura	ate and that my signature shall have the his report as required by Chapter 607, F	same logal effect as if made	under

SAULO JAMES / FOUNTER / 1/9/96 904 860-057

JR2F034 (12/95)