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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V65149

1. Corporation Name

JIM FOWLER ENTERPRISES, INC.

Principal Place of Business

11060 S. PLEASENT GROVE ROAD INVERNESS FL 34452

Mailing Address

11060 S. PLEASENT GROVE ROAD INVERNESS FL 34452

**FILED** Feb 17, 1999 8:00am **Secretary of State** 

02-17-1999 90066 004 \*\*\*150.00



US		INVERNESS FL 34452 US			1			
1		· ·			DO NO	T WRITE IN TH	IS SPACI	E
2. Principa	eal Place of Business				J. Date incorporated or Qu	alifed		<del>-</del>
21	a. Clade of Business	2a. Mailing Address			<u>09/15/1992</u>			
	Apt. #, etc.	26			4. FEI Number			Applied F
22	- Pt. #, etc.	Suite, Apt. #, etc.			<u>59-31420</u> 89		<u> </u>	Applied For
City & S	State	27			5. Certifcate of Status Desir		- co-	Not Applicat
23	orate ———	City & State			- Certificate of Status Desi	red 🗀	ΨO.	75 Additional
		28			6. Election Campaign Finan	noin-		e Required
Zip	Country	Zip			Trust Fund Contribution		<b>\$5.</b>	00 May Be
25		Country			8. This corporation owes the current year Intangible			
	9. Name and Address of Curren	of Registered Asset	30		Personal Property Tax.	current year in		
07		- rogistered Agent			10. Name and Address of N	law D	Yes	🗆 No
511	ONE, LEWIS W.			81 Name	- Addiess of N	ew Registered	Agent	
485	50 N. HWY 19A		-	B2 Street Ad	<del></del>			
MO	OUNT DORA FL 32757		ľ	Street Ad	dress (P.O. Box Number is Not Acc	ceptable)		<del></del>
			8	33	<del></del>			
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4.4	<del></del>		8	4 City				
Pursuant     Office or	nt to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligation	and 607 1508 Florid 8					85 Zi	p Code
agent. I a	am familiar with and accept the	f Florida. Such change was a	es, the above	ve-named cor	poration submits this statement for	<u> </u>		
IGNATURE	:	ons of, Section 607.0505, Flor	rida Statute	y me corporati s.	ion's board of directors. I hereby ac	cre purpose of o	hanging i	its registered
					· · · · · · · · · · · · · · · · · · ·	-re- appoint	anoill as	registered
	Signature, typed or printed game of accompany							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Age	ent signature require				
	OFFICERS AND	and title if applicable. (NOTE: DIRECTORS	Registered Age	ent signature require	ed when reinstating)			
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

3/99 352 637-0007