

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 537142 (2)**

1. Corporation Name  
**HOWELL & THORNHILL, P.A.**



Principal Place of Business

**1350 HAVENDALE BLVD  
PO BOX 897 1499  
WINTER HAVEN FL 33881-1386**

Mailing Address

**1350 HAVENDALE BLVD  
PO BOX 897 1499  
WINTER HAVEN FL 33881-1386**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HOWELL JR, C  
1350 HAVENDALE BLVD  
WINTER HAVEN FL 33880**

**Thornhill, Robert G. Jr.  
1350 Havendale Blvd  
Winter Haven FL 33881**

3. Date Incorporated or Qualified  
**06/14/1977**

3a. Date of Last Report  
**01/17/1995**

4. FEI Number  
**59-1746500**

Applied For  
Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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

Signature of person or persons authorized to register agent and this corporation

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL JR, CLIFTON L	
STREET ADDRESS	1350 HAVENDALE BLVD	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	STD PD	<input type="checkbox"/> DELETE
NAME	THORNHILL, ROBERT G JR	
STREET ADDRESS	1350 HAVENDALE BLVD	
CITY-ST-ZIP	WINTER HAVEN, FL 00000-33881	
TITLE	Vice Pres.	<input type="checkbox"/> DELETE
NAME	Thornhill, Robert G. III	
STREET ADDRESS	1350 Havendale Blvd	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	Sec. Steno Pat	<input type="checkbox"/> DELETE
NAME	1350 Havendale Blvd	
STREET ADDRESS	Winter Haven, FL 33881	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Robert G. Thornhill, Jr. 2/5/96 941-293-3166**

CR2E034 (12/95)