FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **161350** **(4)**

1. Corporation Name

J. D. HOWELL, INC.

Principal Place of Business	Mailing Address
~~9795 WESTOVER RD.~~ ~~ORANGE PARK FL 32073~~ ~~US~~	~~6795 WESTOVER RD.~~ ~~ORANGE PARK FL 32073~~ ~~US~~

3. Date Incorporated or Qualified: 04/28/1950
3a. Date of Last Report: 07/21/1995
4. FEI Number: 59-0612377 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 9101 Audubon Park LN	26 P.O. Box 56153
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ~~City & State~~ Jacksonville, Fl.	28 ~~City & State~~ Jacksonville, Fl. 3225~~3~~
24 Zip 32257 25 Country U.S.A.	29 Zip 3225~~3~~ 30 Country USA.

9. Name and Address of Current Registered Agent

HOWELL, J.D.
~~3795 WESTOVER RD.~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Name: J. D. Howell
82 Street Address (P.O. Box Number is Not Acceptable): 9101 Audubon Park LN
83
84 City: Jacksonville FL 85 Zip Code: 32257

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDT	☐ DELETE	1.1 TITLE	V D T	☒ Change ☐ Addition
NAME	HOWELL, MARY ELAINE		1.2 NAME	Howell, Mary Elaine (41)	
STREET ADDRESS	~~3795 WESTOVER RD.~~		1.3 STREET ADDRESS	P.O. Box 56153	
CITY-ST-ZIP	~~ORANGE PARK FL~~		1.4 CITY-ST-ZIP	Jacksonville, Fl. 3225~~3~~	
TITLE	PDS	☐ DELETE	2.1 TITLE	P.D.S	☒ Change ☐ Addition
NAME	HOWELL, JOHN DAVID		2.2 NAME	Howell, John David (41)	
STREET ADDRESS	~~3795 WESTOVER RD,~~		2.3 STREET ADDRESS	P.O. Box 56153	
CITY-ST-ZIP	~~ORANGE PARK FL~~		2.4 CITY-ST-ZIP	Jacksonville, Fl. 3225~~3~~	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: J. D. Howell, President — 4-15-96 — 904-733-3180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)