

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 250873 (7)

1. Corporation Name
THE HOWARD SANDS COMPANY

Principal Place of Business Mailing Address
**200 ORANGE-CO CIR. N.E.
P. O. BOX 1520
WINTER HAVEN FL 33881**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/02/1961** 3a. Date of Last Report **04/14/1994**

2. Principal Place of Business 2a. Mailing Address
21 840 S. Lake Otis Dr. 26 P. O. Box 7261

4. FEI Number **59-0936745** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 Winter Haven 28 Winter Haven

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 33884 25 Polk 29 33883-7261 30 Polk

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDS JR, HOWARD E
200 ORANGE-CO CIR. N.E.
WINTER HAVEN FL 33881**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
840 S. Lake Otis Dr.
83
84 City **Winter Haven** **FL** 85 Zip Code **33884**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SANDS JR., HOWARD E.
STREET ADDRESS	185 LAKE OTIS ROAD
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	VD
NAME	SANDS, MARIE H.
STREET ADDRESS	185 LAKE OTIS ROAD
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	V
NAME	LAFFEY, JANNETTE Y.
STREET ADDRESS	18088 GARDENLAKE DRIVE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	S
NAME	HENRY, W.O.E.
STREET ADDRESS	92 LAKE WIRE DRIVE
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 110.07(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 no address.

SIGNATURE: *Howard E. Sands* **4-21-95** (813) 293-2676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)