

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 250873** (7)

1. Corporation Name  
**THE HOWARD SANDS COMPANY**

Principal Place of Business: **185 LAKE OTIS ROAD WINTER HAVEN FL 33884 US**

Mailing Address: **P O BOX 7261 WINTER HAVEN FL 33883-7261 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

9. Name and Address of Current Registered Agent  
**SANDS, HOWARD E. JR.  
 185 LAKE OTIS ROAD  
 WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent (81-85) fields.

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 typed or printed name of registered agent and the day of date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SANDS JR., HOWARD E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	185 LAKE OTIS ROAD	1.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SANDS, MARIE H.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	185 LAKE OTIS ROAD	2.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V LAFFEY, JANNETTE Y.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18086 GARDENLAKE DRIVE	3.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S HENRY, W.O.E.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	92 LAKE WIRE DRIVE	4.2 NAME	
STREET ADDRESS	LAKELAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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.



CR2E034 (9/96)