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

FILED
95 JAN 23 AM 10: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 273338 (4)

1. Corporation Name
HOWELL CHEVROLET COMPANY

Principal Place of Business
HWY 90 WEST
P. O. BOX 308
BONIFAY FL 32425

Mailing Address
HWY 90 WEST
P. O. BOX 308
BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1963
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 Hwy 90 West
22 Bonifay
23 Fl
24 32425
25 Holmes USA

2a. Mailing Address
26 PO Bx 308
27
28 Bonifay Fl
29 32425
30 Holmes USA

4. FEI Number: 59-1023028 — 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

9. Name and Address of Current Registered Agent
HOWELL, GEORGE EDWARD
RT 1
BONIFAY FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOWELL, GEORGE EDWARD	1.2 NAME	
STREET ADDRESS	RT 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWELL,ANN D	2.2 NAME	
STREET ADDRESS	409 N. HUBBARD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL.	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOWELL, MARY L	3.2 NAME	
STREET ADDRESS	409 N. HUBBARD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 added by attachment with an addition).

SIGNATURE: [signature] 1-19-95 904.547-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
George Edward Howell

0410602 FP