

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

FILED

Feb 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 # 462443

(3)

1. Corporation Name

HOWARD PORE OF FLORIDA, INC.

Principal Place of Business

2400 S. OCEAN DR.  
APT. 736 VILLA 2  
FORT PIERCE FL 33450  
US

Mailing Address

HOWARD PORE & ASSOCIATES  
P.O. BOX 93  
GROSSE ILE MI 48138-0093  
US



3. Date Incorporated or Qualified

10/01/1974

3a. Date of Last Report

01/10/1997

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

4. FEI Number

38-0937190

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

BOHL, RICHARD  
2400 S. OCEAN DRIVE APT. 736 VILLA 2  
FORT PIERCE FL 33450

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME BOHL, RICHARD  
STREET ADDRESS 29725 BAYVIEW  
CITY-ST-ZIP GROSSE ILE MI 48138

TITLE VP ☐ DELETE

NAME MCQUIRE, CATHY  
STREET ADDRESS 3351 THIRD ST  
CITY-ST-ZIP TRENTON MI 48183

TITLE S ☐ DELETE

NAME BOHL, AMANDA  
STREET ADDRESS 28561 WEST RIVER  
CITY-ST-ZIP GROSSE ILE MI 48138

TITLE D ☐ DELETE

NAME MCQUIRE, BRUCE  
STREET ADDRESS 3351 THIRD STREET  
CITY-ST-ZIP TRENTON MI 48138

TITLE D ☐ DELETE

NAME BOHL, OERISE  
STREET ADDRESS 29725 BAYVIEW  
CITY-ST-ZIP GROSSE ILE MI 48138

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

BOHL, CERISE

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.

SIGNATURE:

SIG *Richard Bohl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD BOHL PRESIDENT

2/11/97

313 235 8110

Date

Daytime Phone # 0011128

CR2E034 (9/96)