

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

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Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 585575

(4)

1. Corporation Name  
HOWEY FILL SERVICE, INC.



Principal Place of Business 21801 CR 455 P.O. BOX 277 HOWEY FL 34737 US	Mailing Address 104 E MAGNOLIA AVE P.O. BOX 277 HOWEY FL 34737-0277 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1978	3a. Date of Last Report 04/04/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1860522	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUSSELL, WILLIAM J. MAGNOLIA AVENUE HOWEY FL 34737				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	1.2 NAME	
CITY-ST-ZIP	NAME	1.3 STREET ADDRESS	
	NAME	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	2.2 NAME	
CITY-ST-ZIP	NAME	2.3 STREET ADDRESS	
	NAME	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	3.2 NAME	
CITY-ST-ZIP	NAME	3.3 STREET ADDRESS	
	NAME	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	4.2 NAME	
CITY-ST-ZIP	NAME	4.3 STREET ADDRESS	
	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	5.2 NAME	
CITY-ST-ZIP	NAME	5.3 STREET ADDRESS	
	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	6.2 NAME	
CITY-ST-ZIP	NAME	6.3 STREET ADDRESS	
	NAME	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.

SIGNATURE \_\_\_\_\_ 3/27/97 (FEI) 304-1009

CR2E034 (9/96)