

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 13 1998 8:00am
Secretary of State

DOCUMENT # **655927** (2)
1. Corporation Name

MERTON HOWARD LAND SURVEYOR, INC.

Principal Place of Business

375 N. MAIN ST.
LABELLE FL 33935
US

Mailing Address

375 N. MAIN ST.
LABELLE FL 33935
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1980

4. FEI Number

59-1992031

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 **375 Pollywog Point**

Suite, Apt. #, etc.

22 City & State
LaBelle, Florida

23 Zip Country
33935 USA

24 **33935** 25 **USA**

2a. Mailing Address

26 **375 Pollywog Point**

Suite, Apt. #, etc.

27 City & State
LaBelle, Florida

28 Zip Country
33935 USA

29 **33935** 30 **USA**

9. Name and Address of Current Registered Agent

HOWARD, MATTHEW H
375 POLLYWOG POINT
LABELLE FL 33935

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 **D** ☐ DELETE

NAME **HOWARD, MERTON**
STREET ADDRESS **329 POLLYWOG PT. DR.**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☐ DELETE

NAME **HOWARD, CARLENA**
STREET ADDRESS **329 POLLYWOG PT. DR.**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **PD** ☐ DELETE

NAME **HOWARD, MATTHEW MERTON**
STREET ADDRESS **375 POLLYWOG PT. DR.**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **ST** ☐ DELETE

NAME **HOWARD, SANDRA T**
STREET ADDRESS **375 POLLYWOG PT. DR.**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I 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:

[Signature]

8/10/98

(941) 675-5700

CR2E034 (5/98)