


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 665107</b> 1. Entity Name <b>HOWELL'S TRUCK &amp; GIANT TIRE SERVICE, INC.</b>	
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Principal Place of Business 9890 N PENSACOLA BLVD P O BOX 7576 PENSACOLA, FL 32534-8576 US	Mailing Address P O BOX 341 GONZALEZ, FL 32560 US
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03082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2162381</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>HOWELL, DAVID H</b> <b>1800 9 1/2 MILE ROAD</b> <b>CANTONMENT, FL 32533</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	11000000108468 04/12/04-80004-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUNTER, PATRICIA H 572 FILLY CT CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUNTER, PATRICIA H 572 FILLY CT CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, DEBRA J 1800 9 1/2 MILE ROAD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, DAVID H 1800 9 1/2 MILE RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, SHIRLEY J 1800 9 1/2 MILE RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTER, GARY P 572 FILLY COURT CANTONMENT, FL 32533

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Patricia Gunter* **4-504 850-4767026**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #