

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 665107**

1. Entity Name  
**HOWELL'S TRUCK & GIANT TIRE SERVICE, INC.**



Principal Place of Business  
**9890 N PENSACOLA BLVD  
PENSACOLA, FL 32534-8576 US**

Mailing Address  
**P O BOX 341  
GONZALEZ, FL 32560 US**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**HOWELL, DAVID H  
1800 9 1/2 MILE ROAD  
CANTONMENT, FL 32533**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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

000000850044  
04/02/08-80047-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-08**

Date

**850-476-7024**

Daytime Phone #