

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 718860 (0)**

1. Corporation Name  
**HOW-HOUSE, INC.**



Principal Place of Business  
**1116 MAIN ST.  
TITUSVILLE FL 32796-3352**

Mailing Address  
**P.O. BOX 6167  
TITUSVILLE FL 32782-6167**

3. Date Incorporated or Qualified  
**07/15/1970**

3a. Date of Last Report  
**05/22/1995**

4. FEI Number  
**23-7098499**

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

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**25** Suite, Apt. #, etc.  
**26** City & State  
**27** Zip  
**28** Country

## 9. Name and Address of Current Registered Agent

**ROBICHAUD, C.  
585 HANOVER  
TITUSVILLE FL 32780**

## 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 617.0503 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Charles Robichaud*

(NOTE: Registered Agent signature required when reinstating)

DATE

**JUNE 7, 1996**

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIPPHARDT, HARLEY	
STREET ADDRESS	4450 LONDENTOWN ROAD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUNDY, JOHN	
STREET ADDRESS	3840 RICHY ROAD	
CITY-ST-ZIP	MIMS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DENNIS, JOHN O.	
STREET ADDRESS	257 KNOX MCRAE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MITCHELL, MARY	
STREET ADDRESS	1756 ROBINHOOD AVE.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALTERS, JEFF	
STREET ADDRESS	1617 COUNTRY CLUB DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, FINIS	
STREET ADDRESS	4667 HUBER STREET	
CITY-ST-ZIP	COCOA FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John O. Dennis	
1.3 STREET ADDRESS	257 Knox McRae Dr.	
1.4 CITY-ST-ZIP	Titusville, Fl. 32780	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeff Walters	
3.3 STREET ADDRESS	1617 Country Club Dr.	
3.4 CITY-ST-ZIP	Titusville, Fl. 32780	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bill Foster	
4.3 STREET ADDRESS	3970 Silveroak Pl.	
4.4 CITY-ST-ZIP	Titusville, Fl. 32796	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)