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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718860** (0)

1. Corporation Name

HOW-HOUSE, INC.

Principal Place of Business

Mailing Address

**1116 MAIN ST.
TITUSVILLE FL 32796-3352**

**P.O. BOX 6167
TITUSVILLE FL 32762-6167**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/15/1970

3a. Date of Last Report

06/13/1996

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

10. Name and Address of New Registered Agent

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

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 617.05(2) 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 D. Robichaud

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 17, 1997

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	X JOHN O. DENNIS
STREET ADDRESS	257 KNOX MCRAE DR.
CITY-ST-ZIP	TITUSVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VX Director LUNDY, JOHN
STREET ADDRESS	3840 RICHY ROAD
CITY-ST-ZIP	MIMS FL
TITLE	<input type="checkbox"/> DELETE
NAME	Director JEFF WALTERS
STREET ADDRESS	1617 COUNTRY CLUB DR.
CITY-ST-ZIP	TITUSVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T BILL FOSTER
STREET ADDRESS	3970 SILVEROAK PL.
CITY-ST-ZIP	TITUSVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	Director WALTERS, JEFF
STREET ADDRESS	1617 COUNTRY CLUB DR.
CITY-ST-ZIP	TITUSVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D JOHNSTON, FINIS
STREET ADDRESS	4887 HUBER STREET
CITY-ST-ZIP	COCOA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harley E. Lipphardt	
1.3 STREET ADDRESS	4450 Londontown Road	
1.4 CITY-ST-ZIP	Titusville, Fl. 32796	
2.1 TITLE	VP, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Beau Curry	
2.3 STREET ADDRESS	4164 Holder Road	
2.4 CITY-ST-ZIP	Mims, Fl. 32754	
3.1 TITLE	Treas., Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Mitchell	
3.3 STREET ADDRESS	1756 Robinhood Av.	
3.4 CITY-ST-ZIP	Titusville, Fl. 32796	
4.1 TITLE	Sec., Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michele Henderson	
4.3 STREET ADDRESS	213 Beverly St.	
4.4 CITY-ST-ZIP	Titusville, Fl. 32780	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Decatur	
5.3 STREET ADDRESS	7990 Windover Way	
5.4 CITY-ST-ZIP	Titusville, Fl. 32780	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles D. Robichaud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/97

Daytime Phone #

(407) 269-3785

0015193

CR2E037 (9/96)