

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90239 045 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 718860**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/15/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7098499	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
ROBICHAUD, C.		7990 WINDOVER WAY	
585 HANOVER		TITUSVILLE FL 32780	
83		84 City	
		Titusville FL	
85 Zip Code		32780	

11. Pursuant to the provisions of Sections 617.0502 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 DATE MARCH 10, 1999  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Rose Mitchell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, MICHELE	1.2 NAME	ROSE Mitchell
STREET ADDRESS	213 BEVERLY ST	1.3 STREET ADDRESS	2604 Tomoka Ave
CITY-ST-ZIP	TITUSVILLE FL 32780	1.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Harley Lipphardt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNDY, JOHN	2.2 NAME	Harley Lipphardt
STREET ADDRESS	3840 RICHY ROAD	2.3 STREET ADDRESS	4450 Londontown Rd
CITY-ST-ZIP	MIMS FL	2.4 CITY-ST-ZIP	Titusville, FL 32786
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	Ellie Isaacs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECATUR, ROBERT	3.2 NAME	2530 LaGrange Rd
STREET ADDRESS	7990 WINDOVER WY	3.3 STREET ADDRESS	Titusville, FL 32786
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURRY, BEAU	4.2 NAME	
STREET ADDRESS	4164 HOLDEN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBILLARD, RON	5.2 NAME	
STREET ADDRESS	4925 INDIAN RIVER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	T1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, MARY	6.2 NAME	
STREET ADDRESS	1756 ROBINHOOD AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-22-99 (407) 269-3765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)