FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **852392** **(0)**

1. Corporation Name
DOW-HOWELL-GILMORE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% JAMES H. HOWELL 450 AUSTRALIAN AVENUE, SOUTH, STE. 604 WEST PALM BEACH FL 33401	% JAMES H. HOWELL 450 AUSTRALIAN AVENUE, SOUTH, STE. 604 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1982
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 38-0495550 ☐ 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

9. Name and Address of Current Registered Agent

HOWELL, JAMES H.
450 AUSTRALIAN AVENUE, SOUTH
SUITE 604
WEST PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BOx	1.1 TITLE	☒ Change ☐ Addition
NAME	GILMORE, WILLIAM H.	1.2 NAME	Delete William Gilmore's name
STREET ADDRESS	4956 GRAND VIEW CIR.	1.3 STREET ADDRESS	as Officer and Director
CITY-ST-ZIP	MIDLAND MI	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD ☐ Change ☒ Addition
NAME	HOWELL, JAMES H	2.2 NAME	Donald J. Koster
STREET ADDRESS	2620 PROSPERITY OAKS CT.	2.3 STREET ADDRESS	705 Post Street
CITY-ST-ZIP	PALM BCH GRDNS FL	2.4 CITY-ST-ZIP	Midland, MI
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEE, JACK P	3.2 NAME	
STREET ADDRESS	4301 SHERWOOD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND MI	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	DARR, MICHAEL D	4.2 NAME	
STREET ADDRESS	3880 JOHNS LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND MI	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES H. HOWELL 407/655-2858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

084A96 CP