

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

03/31/1982

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 491 NORTH POINT PKWY

26 491 NORTH POINT PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

24 Zip

25 Country

29 Zip

30 Country

33407

USA

33407

USA

4. FEI Number

38-0495550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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

81 Name

HOWELL, JAMES H.

82 Street Address (P.O. Box Number is Not Acceptable)

491 NORTH POINT PKWY

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33407

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

JAMES H. HOWELL

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

(NOTE: Registered Agent signature required when reinstating)

1/23/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOSTER, DONALD J.	
STREET ADDRESS	105 POST STREET	
CITY-STATE-ZIP	MIDLAND MI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEE, JACK P	
STREET ADDRESS	4301 SHERWOOD CT	
CITY-STATE-ZIP	MIDLAND MI	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DARR, MICHAEL D	
STREET ADDRESS	3880 JOHNS LN	
CITY-STATE-ZIP	MIDLAND MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 607, 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

1-23-96

Date

407-478-1776

Daytime Phone #

CR2E034 (12/95)