

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90012 045 \*\*\*150.00

0077104

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 852392** ✓

1. Corporation Name

**DOW-HOWELL-GILMORE ASSOCIATES, INC.**

Principal Place of Business **491 NORTHPOINT PKWY.** Mailing Address

~~491 NORTHPOINT PKWY.~~ **491 NORTHPOINT PKWY.**  
~~450 AUSTRALIAN AVENUE, SOUTH STE. 604~~ **450 AUSTRALIAN AVENUE, SOUTH STE. 604**  
**WEST PALM EBACH FL 33407** **WEST PALM EBACH FL 33407**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/31/1982**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**HOWELL, JAMES H.**  
**491 NORTHPOINT PKWY**  
**WEST PALM BEACH FL 33407**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **KOSTER, DONALD J.**  
STREET ADDRESS **105 POST STREET**  
CITY-ST-ZIP **MIDLAND MI**

TITLE **VD** ☐ DELETE  
NAME **LEE, JACK P**  
STREET ADDRESS **4301 SHERWOOD CT**  
CITY-ST-ZIP **MIDLAND MI**

TITLE **C** ☐ DELETE  
NAME **HOWELL, JAMES H**  
STREET ADDRESS **2620 PROSPERITY OAKS**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **Trustee** ☐ DELETE  
NAME **Ugowski, Mark A.**  
STREET ADDRESS **728 Cinnamon Rd.**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LEE**

**7/6/99**

Date

Daytime Phone #

CR2E034 (5/99)

FOUNDED 1934, ALDEN B. DOW, FAIA

DOW • HOWELL • GILMORE • ASSOCIATES INC

• 315 POST STREET MIDLAND MICHIGAN 48640 (517) 835 6761 FAX (517) 835 2771 E-MAIL office@dhga.com

INTERIORS

ARCHITECTS

PLANNERS

590639-90012-45  
852392

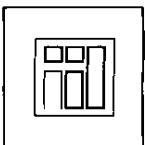
July 6, 1999

Florida Department of State

Enclosed please find a check in the amount of \$150.00 for 1999 Profit Corporation Annual Report fee. Unfortunately we never received the first notice, possibly due to address confusion. Please correct the address to reflect: 491 Northpoint Pkwy., West Palm Beach, FL 33407

Thank you.

Jack R. Lee  
Vice-President



FLORIDA OFFICE

491 NORTHPOINT PARKWAY WEST PALM BEACH FLORIDA 33407-1964 (561) 478 1776 FAX (561) 478 1790 E-MAIL dhga@aol.com