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 # **H09674** **(3)**

1. Corporation Name
HOWARD R. HODGE, INC.

Principal Place of Business
% HOWARD R. HODGE
ROUTE 1 BOX 1440
ANTHONY FL 32617

Mailing Address
% HOWARD R. HODGE
ROUTE 1 BOX 1440
ANTHONY FL 32617

2. Principal Place of Business
21 3740 NE 112 lane
Suite, Apt. #, etc.
22
City & State
23 Anthony FL
Zip 24 32617 Country 25 Marion

2a. Mailing Address
26 3740 NE 112 lane
Suite, Apt. #, etc.
27
City & State
28 Anthony FL
Zip 29 32617 Country 30 Marion

3. Date Incorporated or Qualified: 06/25/1984
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2454901 ☐ 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
HODGE, HOWARD R.
ROUTE 1, BOX 1440
ANTHONY FL 32617

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 ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HODGE, HOWARD R.	
STREET ADDRESS	RT. 1 BOX 1440	
CITY-ST-ZIP	ANTHONY FL	
TITLE	V	☐ DELETE
NAME	GOEBEL, JOHN J.	
STREET ADDRESS	RT. 1 BOX 1438	
CITY-ST-ZIP	ANTHONY FL	
TITLE	ST	☐ DELETE
NAME	HODGE, GALE E.	
STREET ADDRESS	RT. 1 BOX 1440	
CITY-ST-ZIP	ANTHONY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP		☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP		☐ Change ☐ Addition
6 1 TITLE / 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)(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: Gale Hodge Gale Hodge 4/2/96 (352)620-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)