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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 3720 NE 112 LANE, ROUTE 1 BOX 1440, ANTHONY FL 32617 US
Mailing Address: 3710 NE 112 LANE, ROUTE 1 BOX 1440, ANTHONY FL 32617-9679 US

3. Date Incorporated or Qualified: 06/25/1984
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business: 21 3740 NE 112th Lane, Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 32617, 25 Country: Marion
2a. Mailing Address: 26 3740 NE 112th Lane, Suite, Apt. #, etc.
27 City & State: 28 Anthony FL
29 Zip: 32617, 30 Country: Marion

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	HODGE, HOWARD R.	
STREET ADDRESS	RT. 1 BOX 1440	
CITY - ST - ZIP	ANTHONY FL	
TITLE	V	<input type="checkbox"/>
NAME	GOEBEL, JOHN J.	
STREET ADDRESS	RT. 1 BOX 1438	
CITY - ST - ZIP	ANTHONY FL	
TITLE	ST	<input type="checkbox"/>
NAME	HODGE, GALE E.	
STREET ADDRESS	RT. 1 BOX 1440	
CITY - ST - ZIP	ANTHONY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	3740 NE 112th Lane		
1.4 CITY - ST - ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	38 50 NE 112th Lane		
2.4 CITY - ST - ZIP			
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	3740 NE 112th Lane		
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(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: *HR Hodge* H. R. Hodge 1/31/97 (352) 622-7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)