


2006 FOR PROFIT CORPORATION ANNUAL REPORT

Florida Dept. of State
FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # J95636	
1. Entity Name HOWELL CONVENIENCE STORES, INC.	

Principal Place of Business 2772 W. US HWY 27 CLEWISTON, FL 33440	Mailing Address PO BOX 430 BELLE GLADE, FL 33430 US
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pd 1-10-06
ck#27293



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0012323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWELL, CHRISTINE E 407 E AVENIDA DEL RIO CLEWISTON, FL 33440.
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

100000383179
01/12/06-80041-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOWELL, CHRISTINE E 407 E AVENIDA DEL RIO CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOWELL, WARREN K 904 BANYAN ST CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOWELL, GREGORY W 140 W DEL MONTE AVE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 *561-996-2787*
Date Daytime Phone #