## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

SIGNATURE:

Jan 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (4)K13442 WYATT & HOWERY, INC. Principal Place of Business Mailing Address 142 S. SWOOPE AVE PO BOX 941840 MAITLAND FL 32751 MAITLAND FL 32794-1840 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2867803 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HOWERY, MICHAEL C. 142 S SWOOPE AVE Street Address (P.O. Box Number is Not Acceptable) 82 MAITLAND FL 32751 83 84 City Zip Code 85 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 DATE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HOWERY, MICHAEL C. NAME 1.2 NAME CR2E034 142 S. SWOOPE AVE STREET ADDRESS 1,3 STREET ADDRESS MAITLAND FL C!TY - ST - ZIP 1.4 CITY-ST-ZIP TITLE VST DELETE 2.1 TITLE Change Addition HOWERY, MICHAEL C NAME 2.2 NAME 142 S SWOOPE AVE STREET ADDRESS 2.3 STREET ADDRESS MAITLAND FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE HOWERY, MICHAEL C NAME 3.2 NAME 142 S SWOOPE AVE STREET ADDRESS 3.3 STREET ADDRESS MAITLAND FL CITY - ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CMY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 trusted 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.

FLORIDA DEPARTMENT OF STATE

**FILED** 

407-740-5383