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Mar 20 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 # K49549

(4)

1. Corporation Name
W.B. HOWLAND CO., INC.



Principal Place of Business

C/O HAL FLETCHER
810 11TH ST.
LIVE OAK FL 32060

Mailing Address

C/O HAL FLETCHER
610 11TH ST.
LIVE OAK FL 32060-3015

2. Principal Place of Business

21 State Apt. # etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 W.B. Howland Co, Inc.

27 State Apt. #, etc.
P.O. Box 700

28 City & State
Live Oak, Florida

29 Zip

32064

Country

30

3. Date Incorporated or Qualified

01/01/1989

3a. Date of Last Report

04/11/1996

4. FEI Number

59-2920697

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

FLETCHER, HAL
610 11TH ST.
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name
Lyndon M. Fletcher
82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 6 Box 675
83
84 City
Live Oak, FL 85 Zip Code
32060

11. Pursuant to the provisions of Sections 607.0402 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 and agree to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person applying for registration (Agent or Director)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWLAND, BILLY C.	
STREET ADDRESS	P.O. BOX 477 N/A	
CITY, ST, ZIP	LIVE OAK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, HAL	
STREET ADDRESS	1206 S. IRVIN ST.	
CITY, ST, ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWLAND, BARBARA W.	
STREET ADDRESS	P.O. BOX 477 N/A	
CITY, ST, ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLETCHER, MARY ELIZABETH	
STREET ADDRESS	1206 S. IRVIN ST.	
CITY, ST, ZIP	LIVE OAK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	P.O. Box 700 N/A	
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	P.O. Box 700 N/A	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	P FLETCHER, Lyndon M.	
53 STREET ADDRESS	Rt. 6 Box 675	
54 CITY-ST-ZIP	Live Oak, FL 32060	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	V HOWLAND, William C.	
63 STREET ADDRESS	9268 141st Lane	
64 CITY-ST-ZIP	Live Oak, FL 32060	

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:

Lyndon M. Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 904-362-1235
DATE SIGNATURE

CR2E034 (9/96)