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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

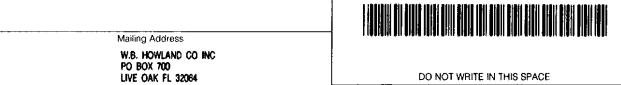
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K49549

(4)

W.B. HOWLAND CO., INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		T I MARIANYA DIN DISALA BERNA DELIK DIRAK DINKI DINKI DINKI	NIOTO ALBET ATOTA ATAIN DIBLI (ADE	
l '		· ·				
C/O HAL FLETCHER 610 11TH ST.		W.B. HOWLAND CO INC PO BOX 700				
LIVE OAK FL		LIVE OAK FL 32064		DO NOT WRITE IN TH	IIS SPACE	
		US		3. Date Incorporated or Qualified 01/01/1989	- /u/ 	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 C/O Ly	n Fletcher	26		59-2920697	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
I City & Stat	te	City & State		Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
ZID	Country	Zip	Country	 This corporation owes or has paid the 	current year Intangible	
24	25		30	Personal Property Tax due June 30.	Yes No	
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
	etcher, lydon m		81 Name	cher, Lyndon M.		
RT 6 BOX 675			B2 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
LIVE OAK FL 32060				141st. Dr.		
I			B3			
I			84 0"			
I			84 City	Oak,	2ip Code 32060	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute		proporation submits this statement for the purpos		
office or i	registered agent, or both, in the State of am familiar with, and accept the obliga	of Florida. Such change was a	uthorized by the corpo	ration's board of directors. I hereby accept the a	appointment as registered	
_	an familiar with, and accept the obliga	tions of, Section 607.0303, Flo	nua statutes.			
SIGNATURE	Signature, typed or printed name of registered again	nt and title if applicable (NOTE	Registered Agent signature red	guired when reinstating) DAT	Ē	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
TITLE	¹ ST	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	HOWLAND, BILLY C.		1.2 NAME			
STREET ADDRESS	PO BOX 700		1.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	··· ··· ··· ···	☐ Change ☐ Addition	
NAME	HOWLAND, BARBARA W.		2.2 NAME			
STREET ADDRESS	PO BOX 700					
	LIVE OAK FL		2.3 STREET ADDRESS			
CITY-ST-ZIP	D	☐ DELETE	2.4 CITY-ST-Z#P		Change Addition	
TITLE	FLETCHER, MARY ELIZABETH		3.1 TITLE		L. Change L. Addition	
NAME OTOGET ADDRESS	1206 S. IRVIN ST.		3.2 NAME			
STREET ADDRESS	1		3.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL	CT BELETE	3.4. CITY-ST-ZIP	e selec		
TITLE	P PTOUED AVAIDANCE	☐ DELETE	4.1 TITLE		Change Addition	
NAME	FLETCHER, LYNDON M		4. 2 NAME			
STREET ADDRESS	RT 6 BOX 675		4.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL		4.4 CITY - ST - ZIP			
TITLE	ν	☐ DELETE	5.1 TITLE		Change Addition	
NAME	HOWLAND, WILLIAM C		5.2 NAME			
STREET ADDRESS	9268 141ST LANE		5.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL		5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			
CITY-ST-ZIP	1		64 City_St_7iP			

14. Thereby 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 suppliemental 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.

2-11-98