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03-31-1999 90037 036 ***150.00

Mar 31, 1999 8:00 am Secretary of State

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PROFIT CORPORATION -ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # KQ7957

1. Corporation JAMES L	HOWSARE CONST. INC.							
•						_	CHEN DIAM AND D	1011 0 383 1001
Principal Place of Business Mailing Address								
% JAMES L. HOWSARE % JAMES L. HOWSARE 730 ROANOKE ST 730 ROANOKE ST						DO NOT WRITE IN THIS SPACE		
DUNEDIN FL 34698 DUNEDIN FL 34698						3. Date Incorporated or Qualifed		
						06/26/1989		
2. Principal Pl	ace of Business .	2a. Mailing Address				4. FEI Number	Apr	plied For
21		26				59-2955842	 	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	_ ` ` ` `		5. Certificate of Status Desired	\$8.75 A Fee Re		
27						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Coun	itry		-8. This corporation owes the current year h	ntangible -	
24	25	29 30	0			Personal Property Tax.	Yes	₩ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	J Agent	
				81	Name			
	/SARE, JAMES L.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
730 ROANOKE ST				٦-		, ,		
DLIENDIN FL 34698			[83				ì
Dunedin				84	City		. 85 Zip C	ode
					•	F	ᆸᆝᆝᅧ	
office or nagent. I a	egistered agent, or both, in the State (m familiar with, and accept the obligat	ions of Section 607.0505, Florida	a Statui	tes.	ine corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	9/199	jistered
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITL	LE		行。, 2. 14. 156 Tel 特性特別的。	Change '	' - Addition
NAME	HOWSARE, JAMES L.		1.2 NAI	ME				
STREET ADDRESS	730 ROANOKE ST		1.3 STF	REET	ADDRESS			
CITY-ST-ZIP	DUNEDIN FL		1.4 CIT	Y-ST	r-ZIP			
TITLE	V	☐ DELETE	2.1 TITL	LE.			Change	Addition
NAME	HOWSARE, MICHAEL L		2.2 NA	ME				
STREET ADDRESS	730 ROANOKE ST		2.3 STF	REET	ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698		2. 4 CIT	ry-si	T-ZIP			
TITLE		☐ DELETE	3.1 TITE	LE			Change	Addition \
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STF	REET	ADDRESS			
CITY-ST-ZIP			3.4. CIT	ry-si	T-ZIP			
TITLE		☐ DELETE	4.1 T/M	LÉ			Change	☐ Addition
NAME		والأراز والمسار المسامة	4.2 NA	ME .	المحيد في			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	- 3:			ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST	r-ZiP			
TITLE		☐ DELETE	5.1 TITI				Change	☐ Addition
NAME			5.2 NAI					
STREET ADDRESS	•	•	5.3 STF	REET	ADDRESS			
CITY-ST-ZIP			5.4 CIT		r-zip			
TITLE		☐ DELETE	6.1 TIT	LE			☐ Change	☐ Addition

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS