

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 5:01

DOCUMENT # **L31574** (1)
1. Corporation Name
RON HOWSE, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 701323 ST. CLOUD FL 34770-1323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/07/1989** 3a. Date of Last Report **05/01/1994**

| | | | | | | | |
|--------------------------------|------------------|---------------------|------------------|--|--|--|--|
| 2. Principal Place of Business | | 2b. Mailing Address | | 4. FEI Number 59-2979469 | | Applied For <input type="checkbox"/> Not Applicable | |
| 21 | Suite Apt # etc. | 26 | Suite Apt # etc. | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 | City & State | 27 | City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 | Zip | 28 | Zip | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 24 | Country | 29 | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HOWSE, RONALD S. 4123 NEPTUNE RD ST. CLOUD FL 34769 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 7 East 17th Street | | | |
| | | | | 83 | | | |
| | | | | 84 City FL 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE **Ronald S. Howse, Director/President** DATE **April 24, 1995**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|--|--|
| TITLE DP | NAME HOWSE, RONALD S. | 11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 4123 NEPTUNE RD | | 12 NAME | |
| CITY, ST, ZIP ST CLOUD FL | | 13 STREET ADDRESS 7 East 17th Street | |
| | | 14 CITY, ST, ZIP St. Cloud, Fl 34769 | |
| TITLE | | 15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 16 NAME | |
| STREET ADDRESS | | 17 STREET ADDRESS | |
| CITY, ST, ZIP | | 18 CITY, ST, ZIP | |
| TITLE | | 19 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 20 NAME | |
| STREET ADDRESS | | 21 STREET ADDRESS | |
| CITY, ST, ZIP | | 22 CITY, ST, ZIP | |
| TITLE | | 23 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 24 NAME | |
| STREET ADDRESS | | 25 STREET ADDRESS | |
| CITY, ST, ZIP | | 26 CITY, ST, ZIP | |
| TITLE | | 27 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 28 NAME | |
| STREET ADDRESS | | 29 STREET ADDRESS | |
| CITY, ST, ZIP | | 30 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee (regardless of title) to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 if changed, as set forth in connection with an address.

SIGNATURE: DATE **April 24, 1995** 407/957-3308