


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 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 # L69407 (9) 1. Corporation Name HOWDY JONES USED EQUIPMENT, INC.					
Principal Place of Business 8030 US 98 N LAKELAND FL 33809			Mailing Address 8030 US 98 N LAKELAND FL 33809		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1990	
21		26		3a. Date of Last Report 03/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3009883	
22		27		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JONES, HOWARD B. 8030 US 98 N LAKELAND FL 33809				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P <input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	JONES, HOWARD B.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	9350 US 98 N	1.2 NAME			
CITY-ST-ZIP	DADE CITY FL	1.3 STREET ADDRESS			
TITLE	ST <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
NAME	JONES, BETTIE M.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	9350 US 98S	2.2 NAME			
CITY-ST-ZIP	DADE CITY FL	2.3 STREET ADDRESS			
TITLE	V <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP			
NAME	JONES, HOWARD B. JR	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	5531 MYRTUICE LN	3.2 NAME P Jones, Howard B. Jr.			
CITY-ST-ZIP	LAKELAND FL	3.3 STREET ADDRESS 5531 Myrtice LN			
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP Lakeland, FL			
NAME		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		4.2 NAME			
CITY-ST-ZIP		4.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP			
NAME		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		5.2 NAME			
CITY-ST-ZIP		5.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP			
NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

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:

Bettie M. Jones **REQUIRED Treas.**

7-21-97 941-859-4900

CR2E034 (4/97)