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**PROFIT** ~ CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 

01-21-1999 90032 022 \*\*\*158.75

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name M93687

HOWARD & HOWARD, INC.

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Principal Plac	ce of Business	Mailing Address					
% CAROL C.		% CAROL C. HOWARD					
4461 CAMINO REAL WAY FT. MYERS FL 33912 FT. MYERS FL 33912 FT. MYERS FL 33912					DO NOT WRI	TE IN THIS SPACE	
US	. 00012	US			3. Date Incorporated or Qualifed		
					08/08/1988		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26			65-0111487	, No	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27			G. Control of Cizias Desired	Fee Re	equired
City & Sta	te	City & State			6. Election Campaign Financing	1 1	May Be
23	Country	28	Causti		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the curr	ent year Intangible VYes	□No
24	9. Name and Address of Current		30		Personal Property Tax.  10. Name and Address of New R		□ NO
	5. Name and Address of Current	Hosiotelan Whallf	81	Name	.v. Hame and Address of New P	ogiatorau Againt	
	WARD, CAROL C.			0 111	(0.0.0.1)		
	1/CAMINO REAL WAY		82	Street Addres	ess (P.O. Box Number is Not Accepta	ible)	
FT.	MYERS FL 33912		83			<b>网络影响和</b>	
			84	City		9 (8 ) 8 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Code
			04	City		85 Zip (	code
and the second section of	Manager of the a			'			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	e-named corpor	pration submits this statement for the	purpose of changing its	registered
office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida, Such change was au	thorized by	the cornoration	oration submits this statement for the n's board of directors. I hereby accep	purpose of changing its it the appointment as re	registered gistered
Office or	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized by ida Statutes	the corporation	n's board of directors. I hereby accep	it the appointment as re	registered gistered
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SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND PTD HOWARD, CAROL C. 4461 CAMINO REAL WAY	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 6) DIRECTORS	thorized by da Statutes.  Registered Agen  13.  1.1 TITLE  1.2 NAME  1.3 STREET	the corporation.	n's board of directors. I hereby acception when reinstating) (*** ********************************	of the appointment as re	gistered  ORS IN 12
office or Figeria 12.  TITLE  NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent.  OFFICERS AND PTD HOWARD, CAROL C.	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 6) DIRECTORS	Registered Agen  13.  1.1 TITLE  1.2 NAME	the corporation.	n's board of directors. I hereby acception when reinstating) (*** ********************************	of the appointment as re	gistered  ORS IN 12
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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

STREET ADDRESS

CITY-ST-ZIP