

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

FILED

Mar 26 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 # P06648 (0)

1. Corporation Name  
HOWMEDICA/RUSSELL & ASSOCIATES, INC.

Principal Place of Business  
3260 INTERNATIONAL DRIVE  
MOBILE AL 36606

Mailing Address  
3260 INTERNATIONAL DRIVE  
MOBILE AL 36606-3005



2. Principal Place of Business  
21 1606 Oak Forest Ct.  
Suite, Apt. #, etc.  
22  
City & State  
23 Mobile, AL  
Zip  
24 36609  
Country  
25 Mobile  
26 1606 Oak Forest Ct  
Suite, Apt. #, etc.  
27  
City & State  
28 Mobile, AL  
Zip  
29 36609  
Country  
30 Mobile

3. Date Incorporated or Qualified  
07/03/1985  
3a. Date of Last Report  
08/02/1996  
4. FEI Number  
63-0903239  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

See instructions for proper use of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
RUSSELL, H. BRYCE  
3260 INTERNATIONAL DR.  
MOBILE AL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RUSSELL, CAROL A.  
3260 INTERNATIONAL DR.  
MOBILE AL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUSSELL, H. BRYCE  
3260 INTERNATIONAL DR.  
MOBILE AL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
1606 Oak Forest Ct  
Mobile, AL 36609  
Change Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
1606 Oak Forest Ct  
Mobile, AL 36609  
Change Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
1606 Oak Forest Ct.  
Mobile, AL 36609  
Change Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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: *H. Bryce Russell* 3/17/97 334-342-3076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #

CR2E034 (9/96)