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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000045446 (0)

W. HOWELL ASSOCIATES, INC.

Dring and Dings of Business Mailing Addrage

FILED May 14 1997 8:00am Secretary of State



| 7155 MT PINEY ST PETERSBUR | RD NE | 7155 MT PINEY RD NE ST PETERSBURG FL 33702-6069 | | | | | | |
|--|--|--|--------------|---------------------------------------|--|---------------------|-----------------|---|
| | | | | | 3. Date Incorporated or Qualified | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | | pplied For |
| 21 26 | | | | | 59-3197498 | | | ot Applicable |
| Surie, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State 23 | 9 | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip 24 | Country 25 | Zip 29 | Countr 30 | y | This corporation has liability for in Ftorida Statutes | ntangible tax | under s | |
| <u></u> | 9. Name and Address of Curr | | 17-71 | | 10. Name and Address of New Re | gistered Age | nt | |
| HOV | VELL, WINIFRED B | | 81 | Name | | | | |
| 7155 MT PINEY RD NE ST PETERSBURG FL 33702 | | | | Street Ac | ddress (P.O. Box Number is Not Acceptable) | | | *************************************** |
| . | | | 83 | · · · · · · · · · · · · · · · · · · · | | , <u>,</u> | | |
| | | | 84 | City | the second secon | FL ⁸ | 5 Zip | Code |
| office or r agent. La SIGNATURE | | | | | orporation submits this statement for the p ration's board of directors. I hereby accep | | ment as | registered |
| 49 | Signature Typed or printed name of registered a | ND DIRECTORS | 13. | eni signaturo re | quired when re-instating) ADDITIONS/CHANGES TO OFFICE | DATE PERG AND DI | PECTO | DC IN 12 |
| 12. | D | DELETE | 1.1 TITLE | ···· | ADDITIONS/CHANGES TO OTFIC | | Change | Addition |
| NAME | HOWELL, WILLIAM P | hand Dente / L | 1.2 NAME | | | - | | |
| STREET ADDRESS | 7155 MT PINEY RD NE | | | T ADDRESS | | | | |
| CHTY - ST - ZIP | ST PETERSBURG FL 33702 | | 1.4 CfTY- | - 1 | | | | |
| TITLE | D | DELETE | 2.1 TITLE | - | | | Change | Addition |
| NAME | HOWELL, WINIFRED B | | 2.2 NAME | | | | | |
| STREET ADDRESS | 7155 MT PINEY RD NE | | 2.3 STREE | T ADDRESS | | | | |
| CITY ST-ZIP | ST PETERSBURG FL 33702 | | 2. 4 CITY | ST-ZIP | | | | |
| Mit | | DELETE | 3.1 TITLE | | | | Chan g e | Addition |
| NAML | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3 3 STREE | T ADDRESS | | | | |
| CITY:ST 700 | | | 3.4. City - | ST-ZIP | | | | |
| 1111.6 | | ☐ DELETE | 4.1 TITLE | 1 | | Ц | Change | Addition |
| NAME | | | 4. 2 NAM | 1 | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CHY-SI-ZIP | A S AND AND THE RESIDENCE OF THE PROPERTY OF T | DELETE | 4.4 CITY - | ST-ZIP | | | Change | T Addition |
| 10116 | | רין הניגונ | 5.1 TITLE | ĺ | | u | กแขเผิด | Addition |
| NAM | | | 5.2 NAME | | | | | |
| STREET ADORESS | | | | Y ADDRESS | | | | |
| CHY-SI-ZIF | | DELETE | 5.4 CITY- | ST-ZIP | | П | Change | Additio |
| TITLE | | T OFFICE | 6.1 TITLE | | | النا | Uliai iya | Last Addition |
| NAME CONTACT ADDRESSES | | | 6.2 NAME | - 1 | | | | |
| STREET ADDRESS | | | • | T ADDRESS | | | | |
| CHY-SI-2IP | | | 6.4 CITY- | SI-ZIP | | | | |

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 office: 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: