

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 PM 2:32

DOCUMENT # P93000061947 (6)

1. Corporation Name

HOWELL CREEK PARK, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

811 E WASHINGTON STREET
ORLANDO FL 32801

Mailing Address

811 E WASHINGTON STREET
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/03/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3202447

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

2. Principal Place of Business

21 2919 WALNUT ST.

2a. Mailing Address

26 2919 WALNUT ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

City & State

27 ORLANDO, FL

Zip

24 32806

Country

25 USA

Zip

29 32806

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F & L CORP.
200 LAURA STREET
THE GREENLEAF BLDG, THIRD FLOOR
JACKSONVILLE FL 32201-0240

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	MCCAREY JR JOHN P
STREET ADDRESS	2919 WALNUT ST
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	MCCAREY RICHARD W
STREET ADDRESS	1426 E JEFFERSON ST
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	LEASURE, EDWARD
STREET ADDRESS	4 COUNTRY CLUB
CITY - ST - ZIP	COCOA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3007 Huntington
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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 this 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 (I understand) or on an attachment with an address.

SIGNATURE:

JOHN P. MCCAREY, JR.

4/28/95

407 894 3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number