

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 6-7-96 B-6750 C

DOCUMENT # P93000078049 (2)

1. Corporation Name

HOWLAND DIVERSIFIED, INC.



Principal Place of Business

1032 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

1032 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified

11/05/1993

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

21 108 Wild Holly LN

Suite, Apt. #, etc.

2a. Mailing Address

26 108 Wild Holly Ln

Suite, Apt. #, etc.

4. FEI Number

59-3209798

Applied For

Not Applicable

22 City & State

23 Longwood, FL

27 City & State

28 Longwood, FL 32779

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

32779

Country

25 USA

29 Zip

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOWLAND, HOWARD
1032 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

Howard Howland

82 Street Address (P.O. Box Number is Not Acceptable)

108 Wild Holly Ln

83

84 City

Longwood

FL

85 Zip Code

32779

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

Howard Howland Pres.

6/3/96

Signature, typed or printed name of registered agent and date of signature required when not stating: DA

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HOWLAND, HOWARD
STREET ADDRESS 1032 MILLER DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE VP ☐ DELETE

NAME HOWLAND, JOYCE
STREET ADDRESS 1032 MILLER DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

108 Wild Holly LN

1.4 CITY-ST-ZIP

Longwood, FL 32779

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

108 Wild Holly Ln

2.4 CITY-ST-ZIP

Longwood, FL 32779

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 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:

Joyce Howland V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce Howland

6/3/96

(407) 865-9947

Date

Business Phone

CR2E034 (12/95)