

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000013475 (5)

1. Corporation Name

JENNIFER HOWARD INC.



Principal Place of Business

602-A MOUNTAIN DRIVE  
DESTIN FL 32541

Mailing Address

602-A MOUNTAIN DRIVE  
DESTIN FL 32541

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOWARD, JENNIFER L  
4098 BURNING TREE DRIVE  
DESTIN FL 32540

3. Date Incorporated or Qualified

02/17/1995

3a. Date of Last Report

4. FEI Number

54-3301072

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

10. Name and Address of New Registered Agent

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

Jennifer L Howard Jennifer L Howard

4-22-96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME Jennifer L. Howard  
STREET ADDRESS 4098 BURNING TREE DR  
CITY-STATE-ZIP DESTIN, FL 32541

2. TITLE ☐ DELETE

NAME H. Blevins Howard  
STREET ADDRESS 4098 BURNING TREE DR.  
CITY-STATE-ZIP DESTIN, FL 32541

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. 1. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. 1. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

800001841998

-05/29/96--01021--029

\*\*\*200.00

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:

Jennifer L Howard

Jennifer L. Howard

4-22-96 (904) 837-4676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Photo #

CR2E034 (12/95)