## 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

DOCUMENT #
1. Corporation Name

P95000040016 (4)

HOWARD CARRELL, INC.

Principal Place of Business 299 WEST VIRGINIA AVENUE DELAND FL 32720-1241

Mailing Address

299 WEST VIRGINIA AVENUE DELAND FL 32720-1241 

					3. Date incorporated or Qualified 06/01/1995	3a. Date of	f Last Report
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
21	26				59-3315070		Not Applica
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	F")	\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
		28	1		Trust Fund Contribution		Added to Fees
Zip 371	Country	Zip	Country	1	8. This corporation has liability for		unders 199.032,
24	9. Name and Address of Curr	29	30	<del></del>		s 🗆 No	
	5. Name and Address of Corp	ent negistered Agent	81	Name	10. Name and Address of New	Registered Ag	ent
VPILV 1	AM		61	Name			
KELLY, V		200	82	Street Add	fress (P.O. Box Number is Not Accepta	ble)	
	RTH WOODLAND BOULEVA	IKU	63				<del></del>
DELAND	FL 32721-1430		83				
			84	City			85 Zip Code
					ration submits this statement for the pu	FL	'
SIGNATURE .	and accept the obligations of, So	ection 607.0505, Florida Statuti	os.		ard of directors. I hereby accept the app		,
	justice, typed or protest name of registered ag		NOTE: Registereo Ager	nt signature require		DATE	
12.	OFFICERS /	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	7	
TII. f		☐ DELETE	1. 1 TITLE		resident		Change 🗵 Additio
NAME			1.2 NAME	1	toward Carrell	NIE	
STREET ADDRESS			1.3 STREET	ADDRESS	344 sozzi 41121111		
City St-7/6			1.4 CITY - 5	iT - ZIP	Delardy FL 32720	>-1241	
1:111		☐ DELETE	2 1 TITLE		•		Change 🔲 Additio
NAME			22 NAME				
STREET ADDRESS			23 STRFET	ADDRESS			
CITY-ST ZIP			2.4 CiTY - S	IT - ZIP			
THE		☐ DELETE	3 1 TITLE				Change 🔲 Addition
NAME			3 2 NAME				
STREET ADDRESS			33 STREE				
CITY S1-ZIP		Fig. pr. cre	3 4 CITY - S	T-ZIP			
HILE		DELETE	4. 1 TITLE				Change
NAME			4.2 NAME				
STREET ADDRESS			43 STREET				
City-St-ZiP		F3.05:77	4.4 CiTY - S	T - ZIP			
THEF		☐ DELETE	5. 1 TITLE			□ (	Change 🔲 Addition
NAMC			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-SI-ZIF			5.4 Cily-S	r · ziP			
Irī.f		DELETE	6. 1 TITLE				Change Addition
NAME			6.2 NAME				~4
STREET ADDRESS			63STRFET	ADDRESS	Denosited by Boul		ty.
				1 177	TITEDOG(TV), W. DOM	<i>a</i> ,	•

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 nath; that I arm an officer or director of the convoration 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-985-5433