## 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

DOCUN 1. Corporation	MENT # <b>P9500</b>	00048924 (1	i <b>)</b>		
R & C HOWELL, INC.					
Principal Place of Business Mailing Address					
RT 3 BOX 330 RT 3 BOX 330 WESTVILLE FL 32464 WESTVILLE FL 32464					
				3. Date incorporated or Qualified 3a. 06/20/1995	Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3325836	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Orty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> Z.p	Country	Zip	Country	8. This corporation has liability for intangil	
24	25 9. Name and Address of Curre	29	[30]	Florida Statutes Yes 10. Name and Address of New Register	
	y, Name and Address of Curre	in negletored agent	81 Name	10.	
HOWELL, RICKY L 82 S				ress (P.O. Box Number is Not Acceptable)	
RT 3 BOX 330					
WESTV	ILLE FL 32464		83		
•			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the above named corpo	ration submits this statement for the purpose or and of directors. I hereby accept the appointment	
ur register familiar wi	ed agent, or both, in the State of Flo th, and accept the obligations of. Sec	спон осиястова, пониа ризвив		ard of directors. I hereby accept the appointme	int as registered agent. Fam
SIGNATURE .	RICKY L. HOWELL	Koly L. How	W 42390 IOTE Bugisteral Agent Signature require		ATE
12.	Signature, typed or priviled name of registered age OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	President	☐ DELETE	1. 1 TITLE		Change Addition
NAME	Ricky Howell		1.2 NAME		
STREET ADDRESS	124.3 Box 330	• • •	13 STREET ADDRESS		
CITY-ST-ZIP	Westville 71 321	164	14 CHY-ST-ZIP		Change C Addition
TITLE	SECRETARY'	DELETE	2 1 11/16		Change Addition
NAME	CHRISSY HOWELL		2.2 NAME		
STREET ADDRESS	Rf 3 BOX 330	f ic	2 3 STREET ADDRESS		
CITY-ST-ZIP	ulestrille 72 324	<b>⊊ ५</b> ′ □ DELETE	2 4 CITY - ST - ZIP 3, 1 TITLE		Change Addition
NAME	ł		3 2 NAME		
STREET ADDRESS	ļ		3.3. STREET ADDRESS		
CITY-S1-ZIF	ł		3.4 CITY - ST,- ZIP		
TITLE		DEFETE	4. 1 TITLE		Change Addition
NAME			4.2 NAMÉ		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		T] DELETE	4.4 CHY- ST-ZIP		Change [ Addition
THILE			5 1 TITLE 5 2 NAME		
NAME expect approve			5.3 STREET ADDRESS	200001938	:062
STREET ADDRESS			5.4 CITY - ST - ZIP	200001838 -05/24/9601026-	016
CITY-ST-ZIP		DELETE	6.1 TITLE	***200.00	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY - ST - ZIP		
44 Lda basa	but and the that the information aureolic	of with this fline is voluntarily for	imished and does not qualify	for the exemption stated in Section 119.07(3)	ik). Florida Statutes, I further

4. 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)(b), 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 an is no 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: RICHY 1. HOWALL SIGNATURE AND TYPED OR PRINTED

O NAME OF SIGNEYOF FICER OF SMECTOR

4/25/96

Daytin:e Phone #

B. Com