SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000048924) 1. Corporation Name

R & C HOWELL, INC.

Principal Place of Business RT 3 BOX 330

Mailing Address

RT 3 BOX 330

FILED

Jul 22, 1999 8:00 am

Secretary of State

07-22-1999 90010 041 ***150.00

WESTVILLE FL 32464 WESTVILLE FL 32464 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1995 2. Principal Place of Business 4, FEI Number 2a. Mailing Address Applied For 59-3325836 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year 24 29 Intangible Personal Property. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOWELL, RICKY L RT 3 BOX 330 82 Street Address (P.O. Box Number is Not Acceptable) WESTVILLE FL 32464 83 84 City Zip Code 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 tritle if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change L Addition DELETE HOWELL, RICKY NAME 1,2 NAME RT 3 BOX 330 1.3 STREET ADDRESS STREET ADDRESS WESTVILLE FL 32464 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change HOWELL, CHRISSY NAME 2.2 NAME RT 3 BOX 330 STREET ADDRESS 2.3 STREET ADDRESS WESTVILLE FL 32464 2.4 CITY-ST-ZIP CITY-ST-ZiP TITLE 3.1 TITLE Change DELETE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE DELETE Change __ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

59348**5**-90010-41 195000048924

Secretary of State State of Florida Annual Reports Filings P O Box 1500 Tallahassee, Fl. 32302-1500

July 15, 1999

Sir:

I am enclosing our report along with our check for \$150.00. We have previously sent in a report with \$150.00 check however the check has not cleared our bank. We ask that you waive the penalty because we did mail the original report on time and it has apparently been lost in the mail.

Thank you for your consideration.

Christina Howell

Secretary Treasurer R & C HOWELL, INC.