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 # **P95000081635 (1)**

1. Corporation Name

A JASON HOWALD, INC.

Principal Place of Business

**8743 56TH WAY NORTH
PINELLAS PARK FL 34666**

Mailing Address

**8743 56TH WAY NORTH
PINELLAS PARK FL 34666**

3. Date Incorporated or Qualified **10/23/1995**	**3a.** Date of Last Report *1st one FILED*	

2. Principal Place of Business		2a. Mailing Address			
21	*Same As*	26	*Same As*	**4.** FEI Number **59-3341338**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	*Above*	Suite, Apt. #, etc. 27	*Above*	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23		City & State 28		**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25 *Pinellas*	Zip 29	Country 30 *Same*	**8.** This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**HOWALD, JASON D
8743 56TH WAY NORTH
PINELLAS PARK FL 34666**

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

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**D**	☐ DELETE	1 1 TITLE		☐ Change	☐ Addition
NAME	**HOWALD, JASON D**		1 2 NAME			
STREET ADDRESS	**8743 56TH WAY NORTH**		1 3 STREET ADDRESS			
CITY-ST-ZIP	**PINELLAS PARK FL 34666**		1 4 CITY-ST-ZIP			
TITLE		☐ DELETE	2 1 TITLE		☐ Change	☐ Addition
NAME			2 2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		☐ Change	☐ Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4 CITY-ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY-ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE		☐ Change	☐ Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE		☐ Change	☐ Addition
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			6 4 CITY-ST-ZIP			

CR2E034 (12/95)

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)(ix), 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: *Jason Howald D. President* 4/22/96 545-8929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON D HOWALD