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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000020377 (3)**1. Corporation Name

HOWNAN CORP.

| Principal Place of Business Mailing Address | | | | # 1001/001 TIP IB1/4 01/11 00/11 40/11 05/14 05/14 05/14 05/14 05/14 05/14 05/14 05/14 05/14 05/14 05/14 05/14 | |
|---|---|--|--|---|-------------------------------------|
| 2100 LAURA LANE 2100 LAURA LANE LEHIGH ACRES FL 33971 LEHIGH ACRES FL 5 | | 2100 LAURA LANE LEHIGH ACRES FL 33971-54 | 426 | | |
| | | | | 3. Date Incorporated or Qualified 03/05/1996 | 3a. Date of Last Report |
| —————————————————————————————————————— | | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 26 | | | | 65-0648209 | Not Applicable |
| Suite, Apl. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | \$8.75 Additional Fee Required |
| | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for i | ntangible tax under s. 199.032, |
| 24 | 25 | | 30 | | Yes No |
| | 9. Name and Address of Currer | nt Registered Agent | 1001 | 10. Name and Address of New Re | gistered Agent |
| | IILTON, NANCY J | | 81 Name | INCY J. HAMILTO | N / |
| 205 JOEL BLVD. | | | 82 Street Add | ress (P.O. Box Number is Not Acceptab | le) |
| | E 300 | | 83 | LAYRA LN | |
| LEIG | H ACRES FL 33936 | | 63 | | |
| | | | 84 City | // | FL 85 Zip Code 33971 |
| 11 Purcusant | to the provisions of Sections 607 050 | 02 and 607 1508. Florida Statute | LÉH/G | H ACRES poration submits this statement for the p | |
| office or r | registered agent, or both, in the State | e of Florida. Such change was a | authorized by the corpora | tion's board of directors. I hereby accep | t the appointment as registered |
| | im familiar with, and accept the oblic | Jations <u>of, Section 607,0505, Fig</u> | onda Statutes. | Ω | 1 8 1996 |
| SIGNATURE | Signature, Typed April of American ag | jent and link if applicable: [NOTE | : Registered Agent signature requi | red when reinstating) | DATE |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | D PRES TROAS. | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | HAMILTON, HOWARD D | | 1.2 NAME | | • |
| STREET ACIDRESS | 2100 LAURA LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-7IP | LEHIGH ACRES FL 33971 | | 1.4 CITY-ST-ZIP | ····· | ···· |
| TITLE | DV.P- SEC | L DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | HAMILTON, NANCY J 2100 LAURA LANE | | 2.2 NAME | | |
| STREET ADDRESS | LEHIGH ACRES FL 33971 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | EETIOT ACTIES TE SOST | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | Change Addition |
| NAME | | E Dettere | 3.2 NAME | | . I change E vacation |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 City-St-ZIP | | |
| TITLE | | DELFTE | 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 | | and with this films, dans and a set | 64 City - St - ZiP | d in Costion 110 07/0V/) Flexide Chaire | a I further earlies that the |
| information Lam an C | on indicated on this annual report or | supplemental annual report is to or the receiver or trustee empow | rue and accurate and tha rered to execute this repo | d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega irt as required by Chapter 607, Florida S | I effect as if made under oath; tha |

IGNATURE: Howard D. Homeson 1/8/97 941-368-0055