

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05 1998 8:00am
Secretary of State

DOCUMENT # P96000100132 (5)

1. Corporation Name
HOWEY ACQUISITION, INC.



Principal Place of Business

22333 ALLEN ROAD
WOODHAVEN MI 48183

Mailing Address

22333 ALLEN ROAD
WOODHAVEN MI 48183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1996

4. FEI Number

38-3334543

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 13831 VECTOR AVE.

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 FT. MYERS, FL

Zip

24 33907

Country

25 LEE

2a. Mailing Address

26 13831 VECTOR AVE.

Suite, Apt. #, etc.

27 SUITE 105

City & State

28 FT. MYERS, FL

Zip

29 33907

Country

30 LEE

9. Name and Address of Current Registered Agent

WILLIAMS, AL
13831 VECTOR AVE
SUITE 105
FT MYERS FL 33907

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

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOWEY, CHARLES O
STREET ADDRESS 22333 ALLEN RD
CITY-ST-ZIP WOODHAVEN MI

☐ DELETE

TITLE STD
NAME HOWEY, JOHN K
STREET ADDRESS 22333 ALLEN RD
CITY-ST-ZIP WOODHAVEN MI

☐ DELETE

TITLE D
NAME HOWEY, PAUL N
STREET ADDRESS 22333 ALLEN RD
CITY-ST-ZIP WOODHAVEN MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME ALLEN C. WILLIAMS
1.3 STREET ADDRESS 15160 FIDDLESTICKS BLVD.
1.4 CITY-ST-ZIP FT. MYERS, FL

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *John K Howey* 4/21/98 (313) 671-1600

CR2E034 (10/97)