

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90083 026 ***150.00

DOCUMENT # P96000100132

1. Entity Name

HOWEY ACQUISITION, INC.

Principal Place of Business

Mailing Address

**13831 VECTOR AVENUE
 STE 105
 FT MYERS FL 33907
 US**

**13831 VECTOR AVENUE
 STE 105
 FT MYERS FL 33907-8820
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3334543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALLEN C	
STREET ADDRESS	15160 FIDDLESTICKS BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SVS	<input checked="" type="checkbox"/> Delete
NAME	LINES, JOHN K	
STREET ADDRESS	530 OAK COURT DR., STE. 360	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BUECKLER, KELLEY M	
STREET ADDRESS	530 OAK COURT DR., STE. 360	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	SV	<input type="checkbox"/> Delete
NAME	JARVIS, JEFFERY	
STREET ADDRESS	530 OAK COURT DR., STE. 360	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	LEVINE, DAVID L	
STREET ADDRESS	530 OAK COURT DR., STE. 360	
CITY-ST-ZIP	MEMPHIS TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allen C. Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALLEN C. WILLIAMS 1-6-00 941-982-5112

CR2E034 (9/99)