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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

MO.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700002254 (5)

HOWLAND & ASSOCIATES, INC.

Principal Place of Business Mailing Address ONE NORTH DALE MABRY ONE NORTH DALE MABRY SUITE 980 SUITE 980 DO NOT WRITE IN THIS SPACE **TAMPA FL 33809 TAMPA FL 33609** 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 59-3416678 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HOWLAND, D.S. **803 WARREN ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 83 A4 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE President Change ____ Addition TITLE 1.1 1014 NAME 1.2 NAME D.S. Howland STREET ADDRESS 1.3 STREET ADDRESS 803 Warren Road 1.4 CITY - ST - ZIP CiTY-ST-ZIP <u>Lutz, Florida 33549</u> DELFTE Change Addition TITLE 2.1 1111.8 Vice President NAME 2.2 NAME Janice J. French STREET ADDRESS 2.3 STREET ADDRESS 808 Brightwaters Blvd CITY - ST - ZIP 2. 4 CITY - ST - ZIP St. Petersburg, Florida 33704 Addition DELETE TITLE 3.1 1(1), € 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - \$1 - ZIP TITLE DELFTE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELFTE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - 7IP CITY-ST-ZIP DELFTE Change Addition TITLE 6.110 LE NAME

14. Thereby 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 animal 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 trusted employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on ay attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

May 21 1998 8:00am

Secretary of State