

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90320 001 ***150.00

DOCUMENT # P97000041144

1. Corporation Name

HOWARTH, KEYS, MANLEY & ASSOCIATES, INC.

Principal Place of Business
9385 N. 56TH ST., SUITE 201
TEMPLE TERRACE FL 33617

Mailing Address
9385 N. 56TH ST., SUITE 201
TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3448921

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5409 MARYLAND WAY

Suite, Apt. #, etc.

22 SUITE 310

City & State

23 BRENTWOOD, TN

Zip

24 37027

Country

25 USA

2a. Mailing Address

26 5409 MARYLAND WAY

Suite, Apt. #, etc.

27 SUITE 310

City & State

28 BRENTWOOD, TN

Zip

29 37027

Country

30 USA

9. Name and Address of Current Registered Agent

GROSE, DOUGLAS L
112 S. ARMENIA AVE.
TAMPA FL 33609-3308

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME HOWARTH, CHARLES
STREET ADDRESS 18919 FAIRWOOD CT
CITY-ST-ZIP TAMPA FL 33647

TITLE VP ☐ DELETE
NAME KEYS, GEORGE
STREET ADDRESS 709 BRENTWOOD POINTE
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE ST ☒ DELETE
NAME MCCRORY, DALE
STREET ADDRESS 8317 RIVER HIGHLANDS
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME HOWARTH, CHARLES
1.3 STREET ADDRESS 1572 WOODBURY CT
1.4 CITY-ST-ZIP BRENTWOOD, TN 37027

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME KEYS, GEORGE
2.3 STREET ADDRESS 344 DANDRIDGE DR
2.4 CITY-ST-ZIP FRANKLIN, TN 37061

3.1 TITLE ST ☐ Change ☒ Addition
3.2 NAME MANLEY, CLAY
3.3 STREET ADDRESS 1662 PRESTON PLACE
3.4 CITY-ST-ZIP BRENTWOOD, TN 37027

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

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/12/99

Date

615-976-9810

Daytime Phone #

CR2E034 (11/98)

0393545