

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#	P98000	0088448

R. J. HOWELL INTERIORS INC.

Principal Place of Business Mailing Address 4550 PALM AVENUE 4550 PALM AVENUE APOPKA FL 32703 APOPKA FL 32703 DO NOT WRITE IN THIS SPACE 3. Date incorporated of Qualified 10/15/1998 FEI Numbe Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zio □ Yes Personal Property Tax. 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOWELL, RANDALL JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 4550 PALM AVENUE APOPKA FL 32703 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutus, 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 are, typed or printed name of registered agent and little if applicable CR2E034.(11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Add tion Change DELETE 1.1 TITLE TILE 12 NAME HOWELL, RANDALL JOHN NAME 4550 PALM AVENUE 1.3 STREET ADDRESS STREET ANDRESS APOPKA FL 32703 1.4 CITY-ST-ZIP CTTY-8T-77P

Addition Change ☐ DELETE TITLE 2.1 TITLE 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-3P Change ☐ Adc ation DELETE 3.1 TITLE TILE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP Addition Change DELETE 41 TILE TITLE 4 7 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Ack!(blon ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 eath; 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 chapter 607 and appears and that my name appears in the same property.

SIGNATURE: X SIGNATURE: A SIGNATURE AS OFF PRINTED HAVE OF SIGNING OFFICER ON DIRECTOR DELLA DESCRIPTION OFFICER ON DIRECTOR DELLA D

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90092 029 ***150.00