

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F65265

**Entity Name:** HOWARD SERVICES, INC.

**Current Principal Place of Business:**

1009 VINE ST.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1009 VINE ST.  
P.O. BOX 5637  
JACKSONVILLE, FL 32207

**FEI Number:** 59-2157190

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOLBROOK, III, H LEON  
2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR  
JACKSONVILLE, FL 32202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name HOLBROOK, III, H LEON  
Address 2301 INDEPENDENT SQUARE  
City-State-Zip: JACKSONVILLE FL 32202

Title PRES  
Name WILSON, SCOTT W  
Address 1009 VINE STREET  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name WILSON, TODD K  
Address 1009 VINE ST.  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT W. WILSON

**PRESIDENT**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date