

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005828

Entity Name: HOWARD INDUSTRIES, INC.**Current Principal Place of Business:**36 HOWARD DR
ELLISVILLE, MS 39437**Current Mailing Address:**PO BOX 1588
LAUREL, MS 39441**FEI Number:** 64-0466143**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	C
Name	HOWARD, BILLY WSR
Address	PO BOX 1588
City-State-Zip:	LAUREL MS 39441

Title	PD
Name	HOWARD, MICHAEL W
Address	PO BOX 1588
City-State-Zip:	LAUREL MS 39441

Title	SD
Name	HOWARD, STEVEN LSR
Address	PO BOX 1588
City-State-Zip:	LAUREL MS

Title	CFO
Name	HOWARD, STEVEN L
Address	PO BOX 1588
City-State-Zip:	LAUREL MS

Title	D
Name	BURTON, WILLIAM S
Address	16 NORTHGATE DR
City-State-Zip:	LAUREL MS

Title	DIRECTOR
Name	HOWARD, MICHAEL M
Address	PO BOX 1588
City-State-Zip:	LAUREL MS 39441

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: STEVEN HOWARD**SECRETARY****02/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date