

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **225617**

(0)

1. Corporation Name

HEN-MAR, INCORPORATED



Principal Place of Business

**2419 GULF TO BAY BLVD
LOT 208
CLEARWATER FL 34625
US**

Mailing Address

**2419 GULF TO BAY BLVD
LOT 208
CLEARWATER FL 34625
US**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Name

25. Address

29. Name

30. Address

9. Name and Address of Current Registered Agent

**MARION, ROBERT L.
19101 RUSTIC WOODS TR.
ODESSA FL 33556**

3. Date Incorporated or Qualified

07/06/1959

3a. Date of Last Report

01/19/1995

4. FEI Number

59-0935323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

**VD
MARION, ROBERT L.
19101 RUSTIC WOODS TR.
ODESSA FL**

☐ DELETE

**V
SMITH, MICHELLE D.
2419 GULF TO BAY BLVD LOT 208
CLEARWATER FL
S
SMITH MICHELLE D.
2419 GULF TO BAY BLVD LOT 208
CLEARWATER FL**

☐ DELETE

☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

**V
SMITH, MICHELLE D.
11819 BLUE TICK DR.
ODESSA, FL. 33556**

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. 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 or changes or additions thereto with an address.

SIGNATURE:

Michelle D. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 813-791-6648
Date Date & Phone #

CR2E034 (12/95)