

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19, 1996 08:00 AM
Secretary of State

DOCUMENT # **380572** (8)

1. Corporation Name

HENIGAR & RAY, INC.

Principal Place of Business

**640 E. HIGHWAY 44
CRYSTAL RIVER FL 32629**

Mailing Address

**16880 W BERNARDO DR
STE 100
SAN DIEGO CA 92127
US**

2. Principal Place of Business

2a. Mailing Address

21 **11590 W. BERNARDO CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#200**

City & State

City & State

23 **SAN DIEGO, CA**

Zip

Country

Zip

Country

24 **92127** 25 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/16/1971

3a. Date of Last Report
03/06/1995

4. FEI Number

59-1325510

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**CZARNECKI, EDWARD L.
640 E. HIGHWAY 44
CRYSTAL RIVER FL 32629**

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 re-registering.)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
HENIGAR, ROBERT
10500 N. SURREY PT.
CRYSTAL RIVER FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CD
BERRYMAN, RAY J.
16880 W BERNARDO DR
SAN DIEGO CA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TD
RODRIGUEZ, JON A.
16880 W BERNARDO DR
SAN DIEGO CA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
BERRYMAN, MARY J.
16880 W BERNARDO DR
SAN DIEGO CA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**AS
CZARNECKI, EDWARD
4527 N. LADYBUG DR.
CRYSTAL RIVER FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY J. BERRYMAN

DATE

6/19/95-6/100

DAYTIME PHONE #

CR2E034 (12/95)