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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

\$andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076086 (4)

FILED Jan 15 1998 8:00am Secretary of State

HENDRICKS PARTNERS, INC. Principal Place of Business Mailing Address 1819 HENDRICKS AVENUE 1819 HENDRICKS AVENUE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3441551 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country ZiD 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GUIDI, DENNIS E 81 Name 1819 HENDRICKS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, typicid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Director X Addition 🔲 DELETË 1.1 TITLE Change TITLE John S. Mordecai GUIDI, DENNIS E 1.2 NAME CRZE034 NAME 1819 HENDRICKS AVENUE 1819 Hendricks Avenue STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32207 Jacksonville, FL 32207 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 1ITLE TITLE HARRIS, ROBERT M NAME 2.2 NAME 1819 HENDRICKS AVENUE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 2.4 CITY-ST-ZIP CITY-ST-ZIP SECD DELETE Addition Change 3.1 TITLE TITLE ROSNER, ALAN E 32 NAME NAME 1819 HENDRICKS AVENUE 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 3.4. CiTY - ST - ZiP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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 manged, or on an attachment with an address.

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