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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 284536

Corporation Name

HENDERSON SERVICE CENTER, INC.

rincinal Place	of Business	Mailing Address						
IIGHWAY 100 & 21		P.O. BOX 188	P.O. BOX 188				or	
EYSTONE HEIGHTS FL 32656		KEYSTONE HEIGHTS FL 32656			DO NOT WRITE	E IN THIS SPA	CE	
	•				3. Date Incorporated or Qualifed]
					08/25/1964		T T	450
_		2a. Mailing Address			4. FEI Number		Applie	pplicable
. Principal Place of Business		├ ─┐	├ ¬			\ 59F1U00094		
		26 Suite, Apt. #, etc.	26 Suito Apt # etc			\$	8.75 Add Fee Requ	
Suite, Apt.	#, etc.	├			5. Certificate of Status Desired			
		City & State			6. Election Campaign Financing	_ ;	\$5.00 M	
City & State	e	28			Trust Fund Contribution		Added to 1	-662
3		Zip	Country		8. This corporation owes the curre	ent year Intangi	yes 🖫	No
Zip	Country	29 30	0		Personal Property Tax.			-
4	9. Name and Address of Curr	[25]	.]		10. Name and Address of New R	egistereu Age		
	9. Name and Address of Curi	EIK KOGIOTO-O	81	Name		·		
VAULA	ARTON,LINDA W		82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
VVIII.) SR 21 N.	32 m	62	Sueer Addi		1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	1.60 N 5 1
1450 PEV	STONE HEIGHTS FL 32656		83	 			i (* 15	
KEY	STUNE HEIGHTS I'E SECON		<u> </u>				85 Zip Co	ode
	•		84			FL		1 1
		Statutor	the abov	e-named corr	poration submits this statement for the	purpose of cha	anging its regi	egisterea istered
11. Pursuan	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes ate of Florida, Such change was auf	norized by	the corporati	poration submits this statement for the ion's board of directors. I hereby accept	pt tile appointi	10111 0.00 7 0 9	
office of	am familiar with, and accept the ob	ligations of, Section 607.0505, Flori	da Statutes	5.				
agent. I	am familiar with, and accept the ob	oligations of, Section 607.0505, Florid		.		DATE		
agent. I	am familiar with, and accept the ob	oligations of, Section 607.0505, Florid	Registered Age	.	red when reinstating). ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12
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agent. I	Signature, typed or printed name of registered OFFICERS	oligations of, Section 607.0505, Florid	13.	ent signature requir		FICERS AND	DIRECTOR	RS IN 12
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I. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPE OF DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//5/99 (352)473-4648 Daytime Phone #

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90033 044 ***150.00

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