

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 296595 (2)

1. Corporation Name

FLORIDA HENDRY LAND, INC.



Principal Place of Business

RT. 1, BOX 472 (INDIAN HILLS DR.)
MOORE HAVEN FL 33471

Mailing Address

RT. 1, BOX 472 (INDIAN HILLS DR.)
MOORE HAVEN FL 33471
US

3. Date Incorporated or Qualified
09/08/1965

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRY, JOSEPH M II
606 W. SUGARLAND HWY.
CLEWISTON FL 33440

81

Name

LAWRENCE P ROCHEFORT

82

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

777 S. FLAGLER DR.

83

PHILLIPS POINT EAST SUITE 900

84

City

WPR

FL

85

Zip Code

33401

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Augusta P. Lazzari

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HENDRY, JOEL B
RT. 1, BOX 472
MOORE HAVEN FL 33471

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LAZZARI, AGUSTA
RT. 1, BOX 472
MOORE HAVEN FL 33471

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Augusta P. Lazzari* - Augusta P. Lazzari 941-983-8070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)