

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

DOCUMENT # 309801 (9)

1. Corporation Name

HENRY S. GARTNER & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

2470 N.E. 22ND ST.
P.O. BOX 50227
LIGHTHOUSE POINT FL 33062-3002

2470 N.E. 22ND ST.
P.O. BOX 50227
LIGHTHOUSE POINT FL 33062-3002

3. Date Incorporated or Qualified
10/07/1966

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 235 CRAVEN STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 NEW BERN NC

28

Zip

Country

Zip

Country

24 28560

25 USA

29

30

4. FEI Number
59-1154170

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNES, JOHN E JR
2470 N.E. 22ND ST.
POMPANO BEACH FL 33062

81 Name

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~VP PRESIDENT/DIRECTOR~~ ☐ DELETE
NAME WILLIAMS, J. KENNETH
STREET ADDRESS 2419 TRAM ROAD
CITY-ST-ZIP NEW BERN NC

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~PTD SECRETARY/DIRECTOR~~ ☐ DELETE
NAME BARNES, JOHN E JR
STREET ADDRESS 3101 NE 27TH AVENUE
CITY-ST-ZIP LIGHTHOUSE PT, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~VP TREASURER/DIRECTOR~~ ☐ DELETE
NAME TAYLOR, ROBERT B JR
STREET ADDRESS 9411 RAVEN HOLLOW RD
CITY-ST-ZIP BRENTWOOD TN 37027

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~VD~~ ☐ DELETE
NAME HAMMACK, HENRY W 111
STREET ADDRESS 4305 STEED TERRACE
CITY-ST-ZIP WINTER PARK FL 32792

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~VD~~ ☐ DELETE
NAME BARNES, JOHN E 111
STREET ADDRESS P.O. BOX 5155
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/10/96 X 919 633-1210
Date Daytime Phone #

CR2E034 (12/95)