Applied For

\$8.75 Additional

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 376487 1. Corporation Name

2. Principal Place of Business

GORDON MCHENRY, INC.

Principal Place of Business	Mailing Address
1615 CLOWER CREEK DR.	1615 CLOWER CREEK DR.
SARASOTA FL 34231	SARASOTA FL 34231

26

2a. Mailing Address

Suite, Apt. #, etc.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90001 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

02/01/1971

59-1362001

4. FEI Number

City & State	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		58./5 Additio			
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9. Name and Address of Current Registered Agent MCHENRY, GORDON 1615 CLOWER CREEK DR. SARASOTA FL 34231 11. Fursuant to the provisions of Sections 697 0502 and 697 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent. O 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 607,0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0503, Florida Statutes. The above-named of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0503, Florida Statutes. The above-named of directors. I hereby accept the appointment as registered agent. I hereby accept		Country			Country	· · · · · · · · · · · · · · · · · · ·		ent vear Inta	naible		
9. Name and Address of Current Registered Agent MCHENRY,GORDON 1615 CLOWER CREEK DR. SARASOTA FL 34231 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 agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and mailland with, and accept the obligation of, Section 607 0505, Porida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST.2P NAME MCHENRY,GORDON 15 TIME 16 TO LOWER CREEK DR 23 STREET ADDRESS ARASOTA FL 14 CITY ST.2P 15 TIME MCHENRY, GORDON 1615 CLOWER CREEK DR 24 CITY ST.2P 15 TIME 16 CLOWER CREEK DR 25 STREET ADDRESS ARASOTA FL 16 CLOWER CREEK DR 27 NAME 17 NAME 18 Name 18 Name 19 Name 19 DELETE 27 TIME 10 CHENRY, GORDON 1615 CLOWER CREEK DR 28 STREET ADDRESS ARASOTA FL 15 CLOWER CREEK DR 29 STREET ADDRESS ARASOTA FL 16 CLOWER CREEK DR 29 STREET ADDRESS ARASOTA FL 17 NAME 18 STD 18 Name 19 DELETE 21 TIME 19 CHANGES 40 TIME 40 TIME 40 STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition NAME STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRE			├ ─ `							□No i	
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indicated on this annual report or supplies with this simily does not quality for the exemption stated in receiver and indicated on this 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR