PROFIT CORPORATION ANNUAL REPORT

1999

H. & W. BENNETT, INC.

1. Corporation Name

DOCUMENT # **534263**



Katherine Harris

Secretary of State

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90094 041 ***150.00



Principal Place of Business Mailing Address 801 S EUSTIS ST 801 S. EUSTIS ST. EUSTIS FL 32726 EUSTIS FL 32726 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 05/23/1977 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired ---Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees 28 Trust Fund Contribution 23 Country Zip 8. This corporation owes the current year Intangible Country □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BENNETT, WAYNE Street Address (P.O. Box Number is Not Acceptable) 82 **801 S EUSTIS ST** EUSTIS FL 32726 83 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 11707 F TTLE PTSD B BENNEYT WAYNE SIMBER LANE PR BENNETT, HELEN 1.2 NAME NAME **801 S EUSTIS ST** 1.3 STREET ADDRESS STREET ADDRESS Æ 32784 **EUSTIS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change [] Addition ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP, Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP, Change ☐ Addition DELETE 6.1 TITLE TIRE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIF 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034.(11/98)