

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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90060 041 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 590745

1. Corporation Name  
**HENDERSON FURNITURE COMPANY**

Principal Place of Business  
 5436 CLIFF ST.  
 P. O. BOX 593  
 GRACEVILLE FL 32440  
 US

Mailing Address  
 5436 CLIFF STR  
 PO BOX 593  
 GRACEVILLE FL 32440  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/31/1978**

4. FEI Number  
**59-1860293**

Applied For  
 Not Applicable

2. Principal Place of Business  
 21

2a. Mailing Address  
 26

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.  
 22

Suite, Apt. #, etc.  
 27

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State  
 23

City & State  
 28

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

Zip Country  
 24 25

Zip Country  
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDERSON, WALTER T.  
 5436 CLIFF STR  
 Y  
 GRACEVILLE FL 32440

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDERSON, WALTER T.	
STREET ADDRESS	988 12TH AVE	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HENDERSON, HELEN E.	
STREET ADDRESS	988 12TH AVE	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Helen E. Henderson **RECEIVED** 04-03-99 850-263-3291  
 Helen E. Henderson, Secretary/Treasurer Date Daytime Phone #

CR2E034 (11/98)