## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 5436 Cliff Street P. <u>O. Box 593</u> Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State .

OFFICERS AND DIRECTORS

02 MAY -7 AH 10: 22

SECRETARY OF STATE TÄLLÄHASSEE, FLÖRIDA 500005558495---05/20/02--01006--024

\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

## DO NOT WRITE IN THIS SPACE

Jackson

Country

HENDERSON FURNITURE COMPANY

7. Name and Address of Current Registered Agent Name --HELEN -E. HENDERSON -

Street Address (P.O. Box Number is Not Acceptable) 988 Twelth Avenue

4. FEI Number

Graceville, FL 32440

59-1860293

5. Certificate of Status Desired

Graceville,

32440

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Graceville,

32440-0593

SIGNATURE

Graceville,

32440-0593

Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating)

FL

Country

Jackson

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

			•
NAME STREET ADDRESS CITY-ST-ZIP	President Helen E. Henderson 988 Twelth Avenue Graceville, FL 32440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000055584952 -05/20/0201006025 ******8.75 *******8.75
NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Edward E. Henderson 987 Seventh Avenue Graceville, FL 32440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO-NOT WRITE-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
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TITLE	· <del></del>	T/T) F	

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

04 - 27 - 02

850-263-3291

CR2E034B (12/01)

HENDERSON FURNITURE COMPANY POST OFFICE BOX 593 GRACEVILLE, FLORIDA 32440

Request taken by: bbmitchell 504-23-2002

The forms you recently requested from this office are:

(2) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

\*\*NOTE\*\* This Amended UBR is being filed to add an officer to the Corporation list ONLY.

HENDERSON FURNITURE COMPANY

04-27-02

P. O. BOX 593

GRACEVILLE, FLORIDA 32440