

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F18543** (1)

1. Corporation Name

**HENNINGS ENTERPRISES, INC.**



Principal Place of Business

**103 IVANHOE CT.  
TAVERNIER FL 33070**

Mailing Address

**103 IVANHOE CT.  
TAVERNIER FL 33070**

3. Date Incorporated or Qualified  
**02/06/1981**

3a. Date of Last Report  
**08/25/1995**

2. Principal Place of Business  
21 **11397 Waterford Village Drive**

2a. Mailing Address  
26 **11397 Waterford Village Drive**

4. FEI Number  
**59-2060837**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State  
23 **Fort Myers, FL**

City & State  
28 **Fort Myers, FL**

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

Zip  
24 **33913**

Country  
25 **USA**

Zip  
29 **33913**

Country  
30 **USA**

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

**PATRICIA HENNINGS - KAMINSKI  
103 IVANHOE CT.  
TAVERNIER FL 33070**

81 Name **Ivar Hennings**

82 Street Address (P.O. Box Number is Not Acceptable)  
**11397 Waterford Village Drive**

83

84 City  
**Fort Myers**

FL 85 Zip Code  
**33913**

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

*Ivar Hennings*

**Ivar Hennings**

**4-21-96**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTM <input type="checkbox"/> DELETE
NAME	<b>HENNINGS III, IVAR</b>
STREET ADDRESS	<b>5280 ESTERO BLVD.</b>
CITY-ST-ZIP	<b>FT. MYERS BCH FL</b>
TITLE	VSD <input type="checkbox"/> DELETE
NAME	<b>HENNINGS-KAMINSKI, PATRI</b>
STREET ADDRESS	<b>103 IVANHOE COURT</b>
CITY-ST-ZIP	<b>TAVERNIER FL</b>
TITLE	VCD <input type="checkbox"/> DELETE
NAME	<b>DENIUS, TODD</b>
STREET ADDRESS	<b>1331 ALHAMBRA</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
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 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:

*Ivar Hennings* **Ivar Hennings**

**4-21-96**

**941-561-2192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)