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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F22780** **(3)**

1. Corporation Name
HENDRICKSON AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5511 PATSY ANNE DR JACKSONVILLE FL 32207	5511 PATSY ANNE DR JACKSONVILLE FL 32207-7877

3. Date Incorporated or Qualified: 03/11/1981
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business	2a. Mailing Address
21 1100 Seagate Ave.	26 1100 Seagate Ave
Suite, Apt. #, etc. 22 Apt. 131	Suite, Apt. #, etc. 27 Apt. 131
City & State 23 Neptune Beach Florida	City & State 28 Neptune Beach Florida
Zip 24 32266 Country 25 Duval	Zip 29 32266 Country 30 Duval

4. FEI Number: 59-2077707 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PAUL, HERMAN S.
2488 ATLANTIC BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DSV	☐ DELETE	1.1 TITLE	DSV	☑ Change ☐ Addition
NAME	HENDRICKSON, BETHEL J		1.2 NAME	Hendrickson Bethel J.	
STREET ADDRESS	5511 PATSY ANNE DR		1.3 STREET ADDRESS	1100 Seagate Ave Apt. 131	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	Neptune Beach, Fl, 32266	
TITLE	DTP	☐ DELETE	2.1 TITLE	DTP	☑ Change ☐ Addition
NAME	HENDRICKSON, ARVINE E		2.2 NAME	Hendrickson Arvine E.	
STREET ADDRESS	5511 PATSY ANNE DR		2.3 STREET ADDRESS	1100 Seagate Ave. Apt. 131	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP	Neptune Beach, Fl. 32266	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

904-247-7390

SIGNATURE: Arvine E. Hendrickson Arvine E. Hendrickson President 4-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0092173