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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002932 (1)

1. Corporation Name
BERRYMAN & HENIGAR, INC.



Principal Place of Business
11590 W. BERNARDO COURT
SUITE 200
SAN DIEGO CA 92127
US

Mailing Address
11590 W BERNARDO COURT
SUITE 200
SAN DIEGO CA 92127-1622
US

3. Date Incorporated or Qualified
06/06/1994

3a. Date of Last Report
04/19/1996

4. FEI Number
33-0601927

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
CZARNECKI, EDWARD L
640 EAST HIGHWAY 44
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent
81 Name
Robert L. Henigar
82 Street Address (P.O. Box Number is Not Acceptable)
640 East Highway 44
83
84 City
Crystal River
85 Zip Code
FL 34429-4399

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]* 3/21/97
Signature of officer or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	BERRYMAN, RAY J	
STREET ADDRESS	11590 W BERNARDO COURT #200	
CITY - ST - ZIP	SAN DIEGO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERRYMAN, MARY J	
STREET ADDRESS	11590 W BERNARDO COYRT #200	
CITY - ST - ZIP	SAN DIEGO CA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JON A	
STREET ADDRESS	16880 WEST BERNARDO DRIVE	
CITY - ST - ZIP	SAN DIEGO CA 92127	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HENIGAR, ROBERT L	
STREET ADDRESS	640 EAST HIGHWAY 44	
CITY - ST - ZIP	CRYSTAL RIVERS FL 34429	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* 2/3/97 (619) 451-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)