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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	Secretary of State 1996 DIVISION OF CORPORATIONS								
DOCU 1. Corporation	MENT # F9	40000038	70 (2)						
•	RO PROCESSING C		` '						
HENN	IIO FIIOCESSING CI	OMPANT, INC.				1 20 0 50 0 1000 1000 1000	Maria Mar an	Jack Chile Balan III	ID) fülli 200el Duel immi
Dringing Dise	t D								(<u> </u>
Principal Place		-	Mailing Address			1 1441148 1118 14111 14111	4	BO INE OCIPE ORIES ()	181 (BINC 18814 88)(188(
P.O. BOX 3 FLT LICK K			P.O. BOX 344 FLT LICK KY 40935						
		TET ETON	111 40000			2 5		T	
						3. Date Incorporated or Ot 07/25/1994	ualified	3a. Date of L	ast Report 3/1995
	lace of Business	2a. Mailing A	Address			4. FEI Number		04/20	Applied For
Suite, Apt.	# etc	26				61-0899861 Not Applicable			
22	n, 0to.		Suite, Apt. #, etc.			5. Certificate of Status Des	sired		3.75 Additional
City & State	9		City & State			6. Election Campaign Finar	ncina	<u> </u>	Fee Required
23		28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip		Country		8. This corporation has liab			lers 199.032,
		29 of Current Registered Age	ent [3	30		Florida Statutes 10. Name and Address of	Yes	No States of American	
				81	Name	TO. Hame and Address of	New Ne	gistered Agen	
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST.					Street Ade	dress (P.O. Box Number is Not A	contable		· · · · · · · · · · · · · · · · · · ·
						a ooo ji .o. box nambaj ja not A	ocehranie.	;)	
TALLAH	iassee fl 32301			83					
				84	City			85	Zip Code
11. Pursuant t	to the provisions of Sections	607.0502 and 607.1508, FI	orida Statutes, ¹	the above-r	amed corp	oration submits this statement for	the pure		
or registeri familiar wit	ed agent, or both, in the Stat th, and accept the obligations	te of Florida, Such change v s of, Section 607,0505, Flor	vas authorized tida Statutes.	by the corp	oration's bo	oration submits this statement for eard of directors. I hereby accept t	he appoi	ose of changing ntment as regist	its registered office ered agent. I am
SIGNATURE									
12.	Signature, typed or printed hame of regions.	istered agent and fitto if applicable DERS AND DIFECTORS	(NOTE F		t signature requi	red when reinstating)		DATE	
TITLE	CPST		DELETE	13.		ADDITIONS/CHANGES 1	O OFFIC		
NAME	RENFRO, JAMES M			1.2 NAME				Cha	nge 🔲 Addition
STREET ADDRESS	HWY. 25 E.			1.3 STREET	ADORESS	•			
CITY-ST-ZIP	FLT LICK KY			1.4 CITY - S	1 - ZIP				
TITLE			DELETE	2. 1 TITLE				☐ Cha	nge Addition
NAME STREET ADDRESS				22 NAME					
CITY-ST-ZIP				2 3 STREET					
TITLE			DELETE	24 CHY-SI 3 1 THEF	-ZIF				F 1 1 1 2 2
NAME				3.2 NAME				Cha	nge 🔲 Addition
STREET ADDRESS				33 STREET	ADDRESS				
CITY-ST-ZIP				34 CHY-ST					
TITLE			DELETE	4 1 TITLE				Chai	nge 🔲 Addition
NAME				4.2 NAVIE	İ				
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP TITLE			DELETE	4.4 CHTY - ST 5. 1 TITLE	- ZIP			FT 0.	
NAME		٠,٠		5.2 NAME				Char	ige 🔲 Addition
STREET ADDRESS				5.3 STREET A	ADDRESS .				
CITY-ST-ZIP				5.4 CITY-ST					
THTLE			DELETE	6. 1 TITLE			• • • • • • • • • • • • • • • • • • • •	Char	ge Addition
NAME				6.2 NAME				_	_
STREET ADDRESS				6.3 STREET A	DORESS				
CITY-ST-ZIP	certify that the information s	unnlied with this files is ve	untarily furnishe	64 CITY-ST	-ZIP				
certify that t	the information indicated on t	കളായെ with this illing is voit this applied report or supplie	andriy iUMSNEC montal annual s	u ana aoës eoort ie truc	not guality t	for the exemption stated in Section	n 119.07	(3)(k), Florida St	atutes. I further

SIGNATURE:

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 cathy, 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.

IGNATURE:

JAMCS. M. RCWF10

439-94

606-542-4542

SIGNATURE AND TYPED OR PRINTET HAME OF SIGNING OFFICER OR DIRECTOR

Date

Despring Prical

Date

Despring Prical

Despr