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 # **F95000001199 (7)**

1. Corporation Name

STRACHAN & HENSHAW, INC.

Principal Place of Business	Mailing Address
100 RIALTO PLACE #212 MELBOURNE FL 32901	100 RIALTO PLACE. #212 MELBOURNE FL 32901

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report
4. FEI Number 54-1605530	☐ 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**

FALLACE, JAMES H
1900 S. HICKORY ST.
MELBOURNE FL 32901

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: John D. Puhle, Secretary — DATE: 1/23/94

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GROVE, K E		1.2 NAME	
STREET ADDRESS	52 PARK RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	THORNBURY BRISTOL AVON B512 -1HR		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, M J		2.2 NAME	
STREET ADDRESS	19 HIGH VIEW, PORTISHEAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL B520 8RF UK		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PUHLE, J G		3.2 NAME	
STREET ADDRESS	7A VENETIAN WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, M W		4.2 NAME	
STREET ADDRESS	MARSUJESTA 11 BROOKSIDE DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	FARMBOROUGH NR B A5H BA3 1 A		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	UJHELY, R J		5.2 NAME	
STREET ADDRESS	285 CANAL ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA 01970		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PENTLAND, W		6.2 NAME	
STREET ADDRESS	285 CANAL ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA 01970		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: John D. Puhle, Secretary — 1-23-94 — (407)952-0116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John D. Puhle