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PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500001199

1. Corporation Name

STRACHAN & HENSHAW, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90077 031 ***150.00



Mailing Address Principal Place of Business 100 RIALTO PLACE, #212 100 RIALTO PLACE. #212 MELBOURNE FL 32901 MELBOURNE FL 32901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 54-1605530 Not Applicable 21 26 \$8,75_Additional_ Suite, Apt. #, etc. Suite, Apt. #, etc. -(=)-5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible □No X Yes 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FALLACE, JAMES H Street Address (P.O. Box Number is Not Acceptable) 82 1900 S. HICKORY ST. **MELBOURNE FL 32901** 83 Zip Code 84 City 85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE PDC GROVE, K E 12 NAME NAME 52 PARK RD. 1.3 STREET ADDRESS STREET ADDRESS THORNBURY BRISTOL AVON B512 -1HR 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 21 TITLE Director Change TITLE A. Reed Nelson MILLER, M J 22 NAME NAME 4454 PARKYIEW Drive Salt Lake City, Let 19 HIGH VIEW, PORTISHEAD 2.3 STREET ADDRESS STREET ADDRESS BRISTOL B520 8RF UK 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE TITLE SD 3.1 TITLE 3.2 NAME PUHLE, J G NAME **7A VENETIAN WAY** 3.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOUR BEACH FL 32937 CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE HARDY, M W 4. 2 NAME NAME MARSUJESTA 11 BROOKSIDE DR. 4.3 STREET ADDRESS STREET ADDRESS FARMBOROUGH NR B A5H BA3 1 A 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME UJHELY, R J NAME 5.3 STREET ADDRESS 285 CANAL ST. STREET ADDRESS 5.4 CITY-ST-ZIP SALEM MA 01970 CITY-ST-ZIF DELETE ☐ Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME PENTLAND, W

SALEM MA 01970 CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

285 CANAL ST.

CR2E034 (11/98)