## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9700004696 1. Corporation Name

STREET ADDRESS

HENRIKSEN CONSTRUCTION, INC.

| Principal Place of Business Mailing Address   |   |  |                        |                                       |               |               |   | <b>ad</b> iia <b>bu</b> ili <b>bu</b> ili i        | TEIN BIBIB BUILD | ABAID DAIL 3881                       |
|---|---|--|------------------------|---------------------------------------|---------------|---------------|---|--|------------------|---------------------------------------|
| 688 21ST ROAD 688 21ST ROAD   |   |  |                        |                                       |               |               |   |  |                  |                                       |
| AXTELL NE 68924-3607 AXTELL NE 68924-3607   |   |  |                        |                                       |               |               |   |  |                  |                                       |
|   |   |  |                        |                                       |               |               |   | NOT WRITE IN THIS SPACE                            |                  |                                       |
|   |   |  |                        |                                       |               |               | <ol> <li>Date Incorporated or Qualife<br/>09/08/1997</li> </ol> | u  |                  |                                       |
| 2 Principal P   | lace of Business  | 2a. Maili  | ing Address            |                                       |               |               | 4. FEI Number   |  | Ap               | oplied For                            |
| <del></del>   | ace of business   | <del>                                     </del> | 26                     |                                       |               |               | 47-0736878  |  | No               | ot Applicable                         |
| Suite, Apt.   | #. etc.   |  | Suite, Apt. #, etc.    |                                       |               |               | E Codificate of Status Desired                                  |  | \$8.75           | Additional                            |
| 22  |   | 27   | 27                     |                                       |               |               | 5. Certifcate of Status Desired                                 |  | Fee Re           | equired                               |
| City & State  | е   | City   | City & State           |                                       |               |               | 6. Election Campaign Financin                                   | <b>3</b> 🗆   | \$5.00           | · · · · · · · · · · · · · · · · · · · |
| 23  |   | 28   | <u>,   </u>            |                                       |               |               | Trust Fund Contribution Added to Fees                           |  |                  |                                       |
| Zip   | Country   | Zip  | · —                    |                                       |               |               | 8. This corporation owes the current year Intangible            |  |                  |                                       |
| 24  | 25  | 29   |                        | 30                                    |               |               | Personal Property Tax.  | Deminternal  | Yes              | □No                                   |
|   | 9. Name and Address of Curre  |  | Agent                  | 8                                     | 1 Na          |               | 10. Name and Address of New                                     | Registered   | Agent            |                                       |
| CT  | CORPORATION SYSTEM  |  |                        | l°                                    |               | Λ.            | 11a   |  |                  |                                       |
| 1200 SO PINE ISLAND RD  |   |  |                        | 82 Street Addres                      |               |               | ss (P.O. Box Number is Not Acce                                 | otable)  |                  |                                       |
|   | NTATION FL 33324  |  |                        | 8:                                    | 2             |               |   |  | A STATE          | 10 \$ 40 (88)                         |
| '0"   | W. W. C.  |  |                        | 10.                                   | ٦             |               |   |  |                  |                                       |
|   |   |  |                        | 8-                                    | 4 Cit         | у             |   | FL   | 85 Zip (         | Code                                  |
| 44. Dureuent  | s. the abo  | ve-nan   | ned corpo              | ration submits this statement for the | ne purpose of | changing its  | registered  |  |                  |                                       |
| 11: Pursuant to the provisions of Sections 607.0002 and 607.1000, Fibrida States, including office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta |   |  |                        |                                       |               | corporation   | n's board of directors. I hereby acc                            | ept the appoi                                      | ntment as re     | gistered                              |
| _   | 1 . 1/ .  | audia di, deci                                   | 1011 007 .0000, 1 1011 |                                       | <br>          | 11.           | $\gamma_{\ell}$ .   |  | -4-9             | ソ                                     |
| SIGNATURE   | Signature, typed or printed name of registered ago  | ent and title if applic                          | able. (NOTE:           | Registered Ag                         | ent signa     | ture required | when reinstating)   | DATE   |                  |                                       |
| 12.   |   | ND DIRECTOR                                      |                        | 13.                                   |               |               | ADDITIONS/CHANGES TO C  | FFICERS AN   |                  |                                       |
| TITLE   | PTD   |  | ☐ DELETE               | 1,1 TITLE                             |               |               |   |  | Change           | ☐ Addition                            |
| NAME  | HENRIKSEN, DONALD L   |  |                        | 1.2 NAME                              |               |               |   |  |                  |                                       |
| STREET ADDRESS  | 688 21ST ROAD   |  |                        | 1.3 STRE                              | ET ADDR       | ESS           |   |  |                  |                                       |
| CITY-ST-ZIP   | AXTELL NE 68924-3607  |  | C octor                | 1.4 CITY-                             |               |               |   | <del> </del>                                       | Change           | Addition                              |
| TITLE   | VSD   |  | □ DELETE               | 2.1 TITLE                             |               |               |   |  | Change           |                                       |
| NAME  | HENRIKSEN, JUDY A   |  |                        | 2.2 NAME                              |               |               |   |  |                  |                                       |
| STREET ADDRESS  |   |  |                        | 2.3 STRE                              |               | RESS          |   |  |                  |                                       |
| CITY-ST-ZIP   | AXTELL NE 68924-3607  | <del></del>                                      | DELETE                 | 2.4 CITY<br>3.1 TITLE                 |               | <del></del>   |   |  | Change           | Addition                              |
| TITLE   |   |  | - OLLETE               | 3.1 THE                               |               |               |   |  | _ ,              | _                                     |
| NAME  | PSO PREFER OF THE PROPERTY OF |  |                        | 3.3 STRE                              |               | 250           |   |  | i signa en j     | . 11                                  |
| STREET ADDRESS  | Effect of the second  |  |                        | 1                                     |               | 200           |   |  |                  |                                       |
| CITY-ST-ZIP<br>TITLE  |   |  | ☐ DELETE               | 3.4. CITY-ST-ZIP<br>4.1 TITLE         |               |               |   | <del>- 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13</del> | Change           | Addition                              |
| i   |   |  | _                      | 4, 2 NAME                             |               |               |   |  |                  |                                       |
| NAME<br>STREET ADDRESS  |   |  |                        | 4.3 STRE                              |               | RESS          |   |  |                  |                                       |
| CITY-ST-ZIP   | i   |  |                        | 4.4 CITY-                             |               |               |   |  |                  |                                       |
| TITLE   |   |  | ☐ DELETE               | 5.1 TITLE                             |               |               |   |  | ☐ Change         | ☐ Addition                            |
| NAME  |   |  |                        | 5.2 NAME                              | •             |               |   |  |                  |                                       |
| STREET ADDRESS  |   |  |                        | 5.3 STRE                              | ET ADDF       | RESS          |   |  |                  |                                       |
| CITY-ST-ZIP   | **************************************  |  | _                      | 5.4 CITY                              |               |               | <u>.</u>  |  |                  |                                       |
| TITLE   | ***   |  | ☐ DELETE               | 6.1 TITLE                             |               |               |   |  | Change           | Addition                              |
| NAME  |   |  |                        | 6.2 NAMI                              | Ē             |               |   |  |                  |                                       |

14. 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 chapted or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90028 029 \*\*\*150.00