

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000006028 (1)**
1. Corporation Name
HENNESSEY & ASSOCIATES INC.



Principal Place of Business
**1013 CENTRE RD.
WILMINGTON DE 19805-1297**

Mailing Address
**1013 CENTRE RD.
WILMINGTON DE 19805-1297**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **2374 Immokalee rd.**
Suite, Apt. #, etc.
22 **FL**
City & State
23 **Naples**
Zip
24 **34110**
Country
25 **Collier**

2a. Mailing Address
26 **2374 Immokalee rd.**
Suite, Apt. #, etc.
27 **FL**
City & State
28 **Naples**
Zip
29 **34110**
Country
30 **Collier**

3. Date Incorporated or Qualified
11/07/1997

4. FEI Number
APPLIED FOR

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
81 Name
Michele C. Hennessey
82 Street Address (P.O. Box Number is Not Acceptable)
**2330 NAPLES TRACE CR
#5**
83
84 City
NAPLES
85 Zip Code
FL 34110

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 **Michele C. Hennessey**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSEY, ROBERT J	1.2 NAME	
STREET ADDRESS	1013 CENTRE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19805-1297	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSEY, MICHELE C	2.2 NAME	MICHELE C HENNESSEY
STREET ADDRESS	1013 CENTRE RD.	2.3 STREET ADDRESS	2330 NAPLES TRACE CR
CITY-ST-ZIP	WILMINGTON DE 19805-1297	2.4 CITY-ST-ZIP	#5 NAPLES FL 34110
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

Michele C. Hennessey 4.4.98

CR2E034 (10/97)