

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 # **G09224** (8)

1. Corporation Name

HENDRICKS-MILLER DEVELOPMENT CORPORATION



Principal Place of Business

% CHARLES B. HENDRICKS
P.O. BOX 531
ANNA MARIA FL 34216

Mailing Address

% CHARLES B. HENDRICKS
P.O. BOX 531
ANNA MARIA FL 34216

3. Date Incorporated or Qualified
11/18/1982

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2238496

Applied For

Not Applicable

22

State, Apt. #, etc.

State, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

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

10. Name and Address of New Registered Agent

**HENDRICKS, CHARLES B.
535 68 ST
HOLMES BEACH FL 34217**

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 607.1505, 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 of officer or director filing this report and the corporation name

Signature of Registered Agent (signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
HENDRICKS, CHARLES B.
535 68 ST
HOLMES BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**V
MILLER, WILLIAM F.
6006 GULF DRIVE
HOLMES BEACH FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**V
MILLER, DORIS M.
6006 GULF DRIVE
HOLMES BEACH FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**ST
HENDRICKS, PATRICIA L.
535 68 ST
HOLMES BEACH FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/96 941/770-7535

CR2E034 (12/95)