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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G09224

(8)

Mailing Address

HENDRICKS-MILLER DEVELOPMENT CORPORATION

% CHARLES B. HENDRICKS P.O. BOX 531 ANNA MARIA FL 34216		% Charles B. Hendricks P.O. Box 531 Anna Maria Fl 34216-0531			Date Incorporated or Qualified	3a. Da	te of Last R	eport		
						11/18/1982	01/3	0/1996		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For			
21		26	· • · · · · · · · · · · · · · · · · · ·			59-2238496				
Suite, Apt	#, etc	Suite, Apt #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stati	e	City & State	⊢			6. Election Campaign Financing				
23		28				Trust Fund Contribution				
Ζ _I p	Country	Zφ	Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Address of Currer		30			Florida Statutes XE Yes No 10. Name and Address of New Registered Agent				
) IFAII		it uediareten Wästir		81	Name	10. Name and Address of New Ne	Alaraian W	Bour		
	DRICKS, CHARLES B.				Harrio					
535 (82 Street Address (P			Address (P.O. Box Number is Not Acceptab	le)				
HOLMES BEACH FL 34217										
-				83						
			Ī	84	City			85 Zip (Code	
44 5	1 C - 1 C - 1 C - 2 C -	22			0 co c el		FL.		ta rapiotorod	
off.ce or r	to the provisions or Sections 607,050 registered agent or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a	uthorized	I by	the con-	corporation submits this statement for the population's board of directors. I hereby accept	of the appo	changing it sintment as	registered	
SIGNATURE										
12.	Signature, typed or printed name of registrated age OFFICERS AN	or and still it applicable (NOTE: DIRECTORS	13.	Agen	il signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	FRS AND	DIBECTOE	S IN 12	
TITLE	PD			1,1 TITLE		ADDITIONS OF INTEREST TO OFFICE	LIIO FIIIO	Change	Addition	
NAME	HENDRICKS, CHARLES B.			ME						
STREET ADDRESS	535 68 ST			13 STREET ADDRESS						
CITY - ST - ZIP	HOLMES BEACH FL		14 CITY - ST - ZIP		- 1					
TITLE	V DELETE		_	21 TITLE				K Change	Addition	
NAME .	MILLER, WILLIAM F.	,	22 NAME							
STREET ADORESS	6006 GULF DRIVE		2 3 STREET ADDRESS		anneess	288 Perignon Pl				
CITY-ST-ZIP	HOLMES BEACH FL		2. 4 CITY - ST - ZIP							
TITLE	V DELETE		3.1 TITLE .		1.511	Naples, FL 33999		Change	Addition	
NAME	MILLER, DORIS M.		3.2 NAME						_	
STREET ADDRESS	6006 GULF DRIVE		3.3 STREET ADDRESS			288 Perignon Pl				
CITY-ST-ZIP	HOLMES BEACH FL			34. CITY-ST-ZIP		Naples, FL 33999				
TITLE	ST DELETE			4.1 THLE		100		Change	Addition	
NAME	LIPHOPHOLIA PATOLOLA I		4, 2 NA	4. 2 NAME						
STREET ADDRESS	535 68 ST		4.3 ST	HEET A	ADDRESS					
CITY-ST-ZIP	HOLMES BEACH FL		4.4 CIT	IY-ST	- 7iP					
TITLE		DELETE	5.1 111					Change	Addition	
NAME			5 2 NA	ME						
STREET ADDRESS			5.3 STI	REET /	ADORESS					
CiTy-ST-ZiP										
TITLE	DELETE			54 CITY-ST-Z 61 TITLE				Change	Addition	
NAME			62 NA	ME						
STREET ADDRESS			1		ADDRESS					
CITY - ST - ZIP			6 4 CIT							
14. I do here!	by certify that the information supplie	d with this filing does not qualify	y for the	exer	nption s	itated in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
informatio	or indicated on this annual report or s	supplemental annual report is tri	ue and a	iccui	rate and	I that my signature shall have the same lega report as required by Chapter 607, Florida S	d effect as	if made un	der oath; that	

SIGNATURE:

1/10/97

941/778-7535

FILED

Jan 15 1997 8:00am

Secretary of State

Daytime Phone #

0433976