

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90001 002 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G09224</b>					
1. Corporation Name <b>HENDRICKS-MILLER DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>% CHARLES B. HENDRICKS P.O. BOX 531 ANNA MARIA FL 34216</b>			Mailing Address <b>% CHARLES B. HENDRICKS P.O. BOX 531 ANNA MARIA FL 34216</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/18/1982</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2238496</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HENDRICKS, CHARLES B. 535 68 ST HOLMES BEACH FL 34217</b>				10. Name and Address of New Registered Agent	
f				81	Name <b>CHARLES B. HENDRICKS</b>
				82	Street Address (P.O. Box Number is Not Acceptable) <b>1714 New Bedford Dr</b>
				83	<b>Sun City Center,</b>
				84	City <b>FL</b>
				85	Zip Code <b>33573</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKS, CHARLES B.		1.2 NAME	Hendricks, Charles B.	
STREET ADDRESS	535 68 ST		1.3 STREET ADDRESS	1714 New Bedford Dr	
CITY-ST-ZIP	HOLMES BEACH FL		1.4 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIAM F.		2.2 NAME		
STREET ADDRESS	6010 CHARDONNAY #104		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		2.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DORIS M.		3.2 NAME		
STREET ADDRESS	6010 CHARDONNAY #104		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		3.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKS, PATRICIA L.		4.2 NAME	Hendricks, Patricia L.	
STREET ADDRESS	535 68 ST		4.3 STREET ADDRESS	1714 New Bedford Dr	
CITY-ST-ZIP	HOLMES BEACH FL		4.4 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99  
Date

941/778-7535  
Daytime Phone #