

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # H37513**1. Entity Name
HENDRY WELDING, INC.

Principal Place of Business P.O. BOX 2856 DELAND FL 327212856	Mailing Address P.O. BOX 2856 DELAND FL 327212856
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2. Principal Place of Business 1616 LAKE DRIVE # 4	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State DELAND FL	City & State
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Zip 32724	Country	Zip	Country
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4. FEI Number 59-2485048	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HENDRY, F. A.**
315 WOODHAM HEIGHTS**FROSTPROOF**
33843 US

FL

7. Name and Address of New Registered AgentName
HENDRY, F. A.Street Address (P.O. Box Number is Not Acceptable)
206 SILVER BRANCH TRAILCity
DELAND

FL

Zip Code
32724

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **F. A. HENDRY**

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

(NOTE: Registered Agent signature required when reinstating)

01/05/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	HENDRY, CHERYL	
STREET ADDRESS	315 WOODHAM HEIGHTS	
CITY-ST-ZIP	FROSTPROOF FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDRY, FRANCIS A., II	
STREET ADDRESS	315 WOODHAM HEIGHTS	
CITY-ST-ZIP	FROSTPROOF FL	

TITLE	PCD	<input type="checkbox"/> Delete
NAME	HENDRY, F. A.	
STREET ADDRESS	315 WOODHAM HEIGHTS	
CITY-ST-ZIP	FROSTPROOF FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, CHERYL	
STREET ADDRESS	14 LAKE STREET # 10	
CITY-ST-ZIP	FROSTPROOF FL 33843	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, FRANCIS A., II	
STREET ADDRESS	5200 US HIGHWAY 98 WEST	
CITY-ST-ZIP	FROSTPROOF FL 33843	

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, F. A.	
STREET ADDRESS	206 SILVER BRANCH TRAIL	
CITY-ST-ZIP	DELAND FL 32724	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. A. HENDRY

PD

01/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)