

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J27032

(8)

1. Corporation Name

HERNDON INVESTMENTS, INC.

Principal Place of Business

1008 N PINE HILLS RD  
ORLANDO FL 32808  
US

Mailing Address

1008 N PINE HILLS RD  
ORLANDO FL 32808-7124  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

2002 Leslie Ann Lane

27

Suite, Apt. #, etc.

28

City & State

29

Ocoee, FL 34761

30

Zip

Country

Orange

9. Name and Address of Current Registered Agent

BALLANTYNE JOHN R  
903 N PINE HILLS ROAD  
ORLANDO FL 32808

3. Date Incorporated or Qualified

07/31/1986

3a. Date of Last Report

01/23/1996

4. FFI Number

59-2697068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
HEGAN, ROGER A.  
100 BURNT TREE CT.  
OCOEE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DST  
HEGAN, ANNETTE R.  
100 BURNT TREE CT.  
OCOEE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
CASTLEWITZ, DONNA  
2002 LESLIE ANN LANE  
OCOEE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
CASTLEWITZ, JAMES  
2002 LESLIE ANN LANE  
OCOEE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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:

*[Signature]*

FILED

May 20 1997 8:00am

Secretary of State



CR2E034 (9/96)