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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90145 012 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J39771

1. Corporation Name
J.L. HENDERSON CONSTRUCTION COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
19481 SYCAMORE DR. **PO BOX 1176**
LOXAHATCHEE FL 33470-8176 **LOXAHATCHEE FL 33470-1176**
US **US**

3. Date Incorporated or Qualified
10/24/1986

4. FEI Number Applied For
59-2735602 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **8233-1 Gator Lane** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 City & State 27
 23 **West Palm Bch., Fl** 28
 City & State
 Zip Country Zip Country
 24 **33411** 25 **U.S.A.** 29 30

9. Name and Address of Current Registered Agent
HENDERSON, MICHELLE M.
19481 W. SYCAMORE
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
5741 S.E. Nassau Terrace
 83
 84 City **Stuart** FL 85 Zip Code **34997**

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 *M.M. Henderson* **Michelle M. HENDERSON** 3/15/99
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	DP	<input type="checkbox"/> DELETE
NAME	HENDERSON, JOHN L.	
STREET ADDRESS	19481 SYCAMORE DR.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	HENDERSON, MICHELLE M.	
STREET ADDRESS	19481 W. SYCAMORE RD.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1:1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1:2 NAME	
1:3 STREET ADDRESS	5741 S.E. Nassau Terrace
1:4 CITY-ST-ZIP	Stuart, Fl 34997
2:1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2:2 NAME	
2:3 STREET ADDRESS	5741 S.E. Nassau Terrace
2:4 CITY-ST-ZIP	Stuart, FL 34997
3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3:2 NAME	
3:3 STREET ADDRESS	
3:4 CITY-ST-ZIP	
4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4:2 NAME	
4:3 STREET ADDRESS	
4:4 CITY-ST-ZIP	
5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5:2 NAME	
5:3 STREET ADDRESS	
5:4 CITY-ST-ZIP	
6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6:2 NAME	
6:3 STREET ADDRESS	
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: *M.M. Henderson* **Michelle M. HENDERSON** 3/15/99 (561) 795-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (1/1/98)