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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 29 1997 8:00am Secretary of State

1997

DOCUMENT # K24723

(4)

HENDRIX, INC.

Principal Place of Business Mailing Address			· · ·				
% SYLVAN G. HENDRIX 6612 TRAIL RIDGE DR LAKELAND FL 33813		% Sylvan G. Hendrix 6612 Trail Ridge Dr Lakeland Fl 33813-3599					
					3. Date Incorporated or Qualified 05/20/1988	3a. Date of Last Re 02/02/1996	port
2. Principal Pl	ace of Business	28. Mailing Address	28. Mailing Address		4. FEI Number		plied For
21		26			59-2890842		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 A	
City & State		City & State	<b>⊢</b> '		6. Election Campaign Financing	\$5.00	
<b>Z</b> ip	Country	<b>28</b>	Zip Country		Trust Fund Contribution Added to Fees		
24	<b>25</b>	29	30	uy	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
HENI	DRIX, SYLVAN G.	····································	1	1 Name		<del>/</del>	
6612 TRAIL RIDGE DR			-	32 Street Add	Address (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33813			L	33			
			L				
			1	34 City		FL 85 Zip C	Code
office or re	to the provisions of Sections 607.03 egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was	authorized	by the corners	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its it the appointment as	s registered registered
SIGNATURE (	Signature: typed or printed basis of registered a	recent and lite if ecolicable (NC	)1F: Registered	Apent signature mo	ulred when reinstating	DATE	1. L.
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
THILE	DPS	☐ DELETE	1.1 7111	£		Change	Addition
NAME	HENDRIX, SYLVAN G.		1.2 NA	AE .			
STREET ADDRESS	6612 TRAIL RIDGE DR		1.3 STR	eet address			
CITY - ST - ZIF				(-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	_		21 TIT	E		Change	Addition
NAME	HENDRIX, EDA W.		22 NAI	AE			1
STREET ADDRESS	6612 TRAIL RIDGE DR		2 3 STF	EET ADDRESS			
CHTY - ST - ZIP	LAKELAND FL			Y-ST-ZIP		- D Obsessed	T 1 d addition
TILE	☐ DELETE		3.1 TITI	1		☐ Change	Addition
NAME			3 2 NA	1			
STREET ADDRESS				EET ADORESS			
CHTY - ST - ZIP		☐ DELETE		Y-ST-ZIP		Change	Addition
TOTLE		L) UCILLIE	4.1 TIT			L Change	L. Addition
NAME			4. 2 NA	EET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			
CITY - ST - ZIP TITLE		DELETE	5.1 TIT			☐ Change	Addition
NAME		La bacete	5.2 NAI			- 21miles	
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP			1	Y-\$T-ZIP			
TITLE		☐ DELETE	6.1 TIT			Change	Addition
NAME		_	6.2 NA			_ •	
STREET ADDRESS				EET ADDRESS			1
CITY - S7 - ZIP				Y-ST-ZIP			
	by certify that the information supp	lied with this filing does not qua			ed in Section 119.07(3)(i), Florida Statute	s. I further certify that	the

1. 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 Brock 13 ochanged, or on an attachment with an address
Sylvan G. Hendrix

SIGNATURE:

PURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/23/97

941 644-5110