

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

9:41 AM - 1 PH 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K28448** (4)

1. Corporation Name
HERRIN ENTERPRISES, INC.

Principal Place of Business
**% ELIZABETH BROWN HERRIN
1090 E JOHN SIMS PKY
NICEVILLE FL 32578**

Main(s) Address
**% ELIZABETH BROWN HERRIN
1090 E JOHN SIMS PKY
NICEVILLE FL 32578**

DO NOT WRITE IN THIS SPACE

2. Previous Fiscal Year		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/08/1988	06/13/1994
22		27		4. FET Number	Applied For
23		28		59-2900944	Not Applicable
24		29		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation has liability for admission tax under the Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERRIN, ELIZABETH BROWN 1090 E JOHN SIMS PKY NICEVILLE FL 32578				81	Name		
				82	Street Address (if P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

11. The undersigned hereby certifies that the information furnished herein is true and correct, and that the undersigned is duly qualified to act as a registered agent for the corporation named herein. The undersigned is duly qualified to act as a registered agent for the corporation named herein. The undersigned is duly qualified to act as a registered agent for the corporation named herein.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND OTHER PERSONS	
NAME	PST HERRIN, ELIZABETH BROWN 607 BROOKHAVEN WAY NICEVILLE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESIDENCE	D HERRIN, ELIZABETH BROWN 607 BROOKHAVEN WAY NICEVILLE FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESIDENCE		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESIDENCE		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESIDENCE		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the recording status provided by the Florida Statutes. I further certify that the information is true and correct, and that the undersigned is duly qualified to act as a registered agent for the corporation named herein. The undersigned is duly qualified to act as a registered agent for the corporation named herein. The undersigned is duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: *Elizabeth Brown* 4/27/95 (904) 597-2275
ELIZABETH BROWN HERRIN