FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -3 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # K99693 (9)

1. Corporation Name
HENCO ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% JAMES R. HENTZ 1971 SE BENEDICTINE ST PORT ST. LUCIE FL 34983-4601	% JAMES R. HENTZ 1971 SE BENEDICTINE ST PORT ST. LUCIE FL 34983-4601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1989
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business
21: 2549 SW CARPENTER ST
22 Suite, Apt. #, etc.: C/O DAVID HENTZ
23 City & State: PT. ST. LUCIE FL
24 Zip: 34984
25 Country: ST. LUCIE

2a. Mailing Address
26: PO BOX 7067
27 Suite, Apt. #, etc.:
28 City & State: PT. ST. LUCIE FL
29 Zip: 34985
30 Country: ST. LUCIE

4. FEI Number: 65-0133369 ☐ Applied For ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HENTZ, JAMES R.
104 LOMAS CT
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

01 Name: HENTZ DAVID W
02 Street Address (P.O. Box Number is Not Acceptable): 2549 S.W. CARPENTER ST
03
04 City: PT. ST. LUCIE FL 05 Zip Code: 34984

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: David W. Hentz David W. Hentz 2-25-95
Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HENTZ, JAMES R.	1.2 NAME	Delete
STREET ADDRESS	1971 SE BENEDICTINE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	HENTZ, DAVID W.	2.2 NAME	
STREET ADDRESS	104 LOMAS CT	2.3 STREET ADDRESS	2549 S.W.Carpenter St.
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34984
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: David W. Hentz David W. Hentz 2-25-95 407-879-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0383007 CP