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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L83131

(7)

DONALD J. HENSLEY, P.A.

FILED May 15 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	Address				A I BAR DI DAN DAN I A	FIDIO ASBAN ANDS		
C/O DONALD	J. HENSLEY	C/O DONALD J. HE	C/O DONALD J. HENSLEY							
	FFERSON STREE	291 EAST JEFFERSON STREET								
BROOKSVILL	E FL 34601	BROOKSVILLE FL 34801				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
9 Principal F	Place of Busines	2a. Mailing Address				06/25/1990 4. FEI Number		AU		
21 Principai r	INCH OF DOSHIDS	5	26				59-3014936	├ ─┤	Applied For Not Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.					\$8.7	5 Additional	
22			<u>├</u>	27			5. Certificate of Status Desired		Required	
City & Stat	te		City & State	City & State			6. Election Campaign Financing	\$5.0	00 May Be	
23			28				Trust Fund Contribution		ed to Fees	
Zip		Country	Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25		29 30				Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent UFAIGLEV DOMAID 1							10. Name and Address of New Registered Agent			
HENSLEY, DONALD J. 291 EAST JEFFERSON STREET						Name			1	
			82 Street Address (P.O. Box Number is Not Acceptable)							
BROOKSVILLE FL 34601					63					
					63					
					84	City	1	■L 85 Z	ip Code	
44 Durauget	to the provision	o of Sections 607 OLO	2 and 607 1509 Florida C	tatutae the a	20110	nomed core			a its societored	
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 12. OF FICERS AND DIRECTORS 13.					d Age	nt signature requir	red when reinstating) DA		ODC IN 10	
TITLE	D	OFFICE NO AINL	DELETE		TI F		ADDITIONS/CHANGES TO OFFICERS	Chang		
NAME	_	DONALD J.		1.2 N		İ			,	
STREET ADDRESS		JEFFERSON ST.		1.3 STREET A		ADORESS				
CITY-ST-ZIP	BROOKSVI			1.4 0		1			ľ	
TITLE			DELETE					Chang	e Addition	
NAME	ŀ			2.2 N	ME	j			1	
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NAME			·	3.2 N/	AME				j	
STREET ADDRESS				3.3 S	REET	address			1	
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CITY-ST-ZIP			The state		TY - S	T-ZIP		1100		
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NAME				52 N				`	1512	
STREET ADDRESS						ADDRESS		,	2110 1	
CITY-ST-ZIP	 -		DELETE	5.4 CI		T - ZIP		LChan	ie Addition	
TITLE			נייי הנרבונ			}	5000025279 -05/18/9801135	<u> </u>	le Magniton	
NAME DIRECT ADDRESS				6.2 N/		1000000	-05/18/9801135	·U1U		
STREET ADDRESS						ADDRESS	***150.00			
CITY-ST-ZIP	nertify that the in	dormation supplied wi	th this filing does not our	6.4 Cl			Section 119 07/3Vi) Florida Statutes Lituribe	r certify that	the information	

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.