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

PROFIT
CORPORATION
ANNUAL REPORT
19987



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M71914 (9) 1. Corporation Name HENRY W. PICKERSGILL AND COMPANY, INC. Principal Place of Business Mailing Address					97 MAY 13 AM 8: 41 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business Mailing Address 26231 MOUNTAIN LK RD. 26231 MOUNTAIN LK RD.			RD.			
BROOKSVILLE FL 34802 BROOKSVILLE FL 34602 US US						
03		00			3. Date incorporated or Qualified 03/15/1988	3a. Date of Last Report 03/21/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0035412	Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	····· *
24	25	29	30		Florida Statutes	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	legistered Agent
DIOI/FD/	SGILL, HENRY W.		81 Nan			
26231 M	82 Stre	et Address	(P.O. Box Number is Not Acceptab	le)		
	SVILLE FL 34602		83			
	•		84 City	·		S5 Zip Code
or registere	ed agent, or both, in the State of Fi	iorida. Such change was authoriz	ed by the corporation	d corporatio n's board o	n submits this statement for the pur f directors. I hereby accept the app	nose of changing its registered office
familiar with SIGNATURE	h, and accept the obligations of, S	ection 607.0505, Florida Statutes	.		,	
	Signar A. typical or printed name of registered agont and title if applicative. (NOTI OFFICERS AND DIRECTORS		TE Registered Agent signati	ure required whe		DATE
12.	D OFFICERS.	AND DIRECTORS DELETE	13. 1, 1 TITLE	T	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	PICKERSGILL, HENRY W.		1,2,NAME			Fred Assessment Fred Contracts
STREET ADDRESS	26231 MOUNTAIN LAKE ROAD		1,3 STREET ADDRE	ss		
CHY-\$1-74P	Brooksville fl		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2 1 TITLE 5		EOOOOO	191495 - Addin /9701102008 00.00 ****200.00
NAME .			22 NAME		300005	79701102008
STREET ADDRESS			2.3 STREET JOORE	ss	****5	00.00 ****200.00
CITY - ST - ZIP			2.4 CITY - ST - ZIP			
TITLE		☐ DELETE	3. 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADORESS			3.3. STREET ADDRE 3.4 CITY - ST - ZIP	:30		
CITY+ST-70F TITLE		DELETE	4.1 TITLE		··········	Change Addition
NAME			4.2 NAME	1		
STREET ADDRESS			4.3 STREET ADORE	ss		
CITY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLF		☐ DELETE	5. 1 TITLE	T		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRE	SS		
City-St-7IP		רוֹז חבו בדר	5.4 City-St-ZiP		· · · · · · · · · · · · · · · · · · ·	Chance Fit Addition
Title		☐ DELETE	6. 1 TITLE			Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRE	ee		
CITY - ST - ZIP			6.4 CITY - ST - ZIP	~		
* * * * * * * * * * * * * * * * * * * *	IX			1		

14. I do 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)(k), 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 cath; 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 names appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DIATURE AND TYPEOUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

352-754-1777

Daytime Phone #

R2E034 (12/95)
