

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M87549

(5)

1. Corporation Name

THE HENNESSY COMPANIES



Principal Place of Business

Mailing Address

% JOHN FRANCIS HENNESSY, JR.
597 PELICAN WAY
DELRAY BEACH FL 33483-8009

% JOHN FRANCIS HENNESSY, JR.
597 PELICAN WAY
DELRAY BEACH FL 33483-8009

3. Date Incorporated or Qualified

06/29/1988

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0064800

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENNESSY, JOHN FRANCIS, JR.
597 PELICAN WAY
DELRAY BEACH FL 33444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HENNESSY, JOHN FRANCIS
STREET ADDRESS 597 PELICAN WAY
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

1 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME HENNESSY, ELIZABETH M.
STREET ADDRESS 708 MACLEAN AVE, 3RD FLOOR
CITY-ST-ZIP KENILWORTH IL

☐ DELETE

2 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3 1 TITLE
3 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4 1 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5 1 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6 1 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

407-272-0452

Daytime Phone

CR2E034 (12/95)