

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

FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P23329 (6)
1. Corporation Name
C.D. HENDERSON, INCORPORATED



Principal Place of Business
1917 COPPER GARLAND TX 75042

Mailing Address
1917 COPPER GARLAND TX 75042-6675

3. Date Incorporated or Qualified
03/08/1989

3a. Date of Last Report
04/22/1996

4. FEI Number
75-1590324

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HENDERSON, CHARLES D. | |
| STREET ADDRESS | 1917 COPPER | |
| CITY-ST-ZIP | GARLAND TX | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | HENDERSON, PATSY | |
| STREET ADDRESS | 1917 COPPER | |
| CITY-ST-ZIP | GARLAND TX | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | GIVENS, JAMES RICK | |
| STREET ADDRESS | 1917 COPPER | |
| CITY-ST-ZIP | GARLAND TX | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | PAGE, PAUL L. | |
| STREET ADDRESS | 1917 COPPER | |
| CITY-ST-ZIP | GARLAND TX | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | GLOVER, JIM R. | |
| STREET ADDRESS | 1917 COPPER | |
| CITY-ST-ZIP | GARLAND TX | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE _____ C.D. Henderson 04/19/97 (97) 278 5100

CR2E034 (9/96)