

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:25

DOCUMENT # P33088

(6)

1. Corporation Name

DUFRESNE-HENRY, INC.

Principal Place of Business

PRECISION PARK
NORTH SPRINGFIELD VT 05150

Mailing Address

PRECISION PARK
NORTH SPRINGFIELD VT 05150

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/11/1991

3a. Date of Last Report

02/23/1994

4. FEI Number

03-0211223

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MURRAY, WILLIAM L
630 WOODBURY DRIVE
PORT CHARLOTTE FL 33594

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of person or persons of registered agent and the corporation)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
CONKLIN, GERARD F.
17 POPLAR ST.
SPRINGFIELD VT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
ANDREWS, PETER N.
39 BREEZY HILL RD.
SPRINGFIELD VT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
EMERSON, GORDEN L.
29 COOLIDGE RD.
SPRINGFIELD VT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ALLEN, GEORGE R.
1 COREY AVE.
WILMINGTON MA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SVPD
LOVETT, JR W
16 CEDARBROOK DR
SCARBOROUGH ME

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SVPD
TRUE, NORTON G
RD 1, BOX 137
BELLINGS FALLS VT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(b), 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:

William L. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95
Date

(Signature Please)