

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

FILED

Feb 26 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 # 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

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

3. Date Incorporated or Qualified

03/11/1991

3a. Date of Last Report

04/19/1996

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

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONKLIN, GERARD F.	
STREET ADDRESS	17 POPLAR ST.	
CITY- ST- ZIP	SPRINGFIELD VT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDREWS, PETER N.	
STREET ADDRESS	39 BREEZY HILL RD.	
CITY- ST- ZIP	SPRINGFIELD VT	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	EMERSON, GORDEN L.	
STREET ADDRESS	29 COOLIDGE RD.	
CITY- ST- ZIP	SPRINGFIELD VT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, GEORGE R.	
STREET ADDRESS	1 COREY AVE.	
CITY- ST- ZIP	WILMINGTON MA	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	LOVETT, JR W	
STREET ADDRESS	18 CEDARBROOK DR	
CITY- ST- ZIP	SCARBOROUGH ME	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	TRUE, NORTON G	
STREET ADDRESS	RD 1, BOX 137	
CITY- ST- ZIP	BELLOWS FALLS VT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

Date

Daytime Phone: #

CR2E034 (9/96)