

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90080 005 \*\*\*150.00

**DOCUMENT # P40502**

1. Entity Name

**HENNING CONSTRUCTION COMPANY**

Principal Place of Business

Mailing Address

**5800 MERLE HAY ROAD  
 SUITE 14  
 JOHNSTON IA 50131**

**P.O. BOX 394  
 JOHNSTON IA 50131**

2. Principal Place of Business

**5800 Merle Hay Road**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 14**

City & State

**Johnston IA**

Zip

**50131**

Country

**USA**

Country

4. FEI Number **42-0936661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSDC  
 HENNING, JEFFRY L.  
 5870 MERLE HAY ROAD  
 JOHNSTON IA 50131** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 Heather K Henning  
 2500 S. Airport Rd Ste 110  
 Naples FL 34112** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SCOB  
 HENNING, JEFFRY L  
 5800 MERLE HAY ROAD, SUITE 14  
 JOHNSTON IA 50131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 Bill Schreck  
 2500 S Airport Rd ste 110  
 Naples FL 34112** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V  
 HENNING, OWEN  
 5870 MERLE HAY ROAD  
 JOHNSTON IA 50131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P  
 KOCH, ALAN  
 5800 MERLE HAY ROAD, SUITE 14  
 JOHNSTON IA 50131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 CHARLSON, JEFFREY E.  
 5870 MERLE HAY ROAD  
 JOHNSTON IA 50131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 DIRKS, DAVE A  
 5870 MERLE HWY RD  
 JOHNSTON IA 50131** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03/12/01 515-253-0943**

CR2E034 (10/00)