SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033004 (1)

THE HERRICK GROUP, INC.

FILED Sep 19 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address						,	11 8 4'14 8 814		/BIII WW/			
487 S. SEMORAN 1116 SHAFLEF WINTER PARK FL 32792 OVIEDO FL 32												
US				OVIEDO FL 32785				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qu	alified	3a. Date of t	ast R	eport
								05/04/1993		05/01/1	1996	
2. Principal P			1	Mailing Address				4. FEI Number				plied For
21 447 5. SEMONAN				26 220 ARTESIA ST				59-3180410 Not Applicab				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required				
City & State				City & State				6. Election Campaign Final	ncing	\$!	5.00	May Bo
23 WINT	un pa	UK, FL	28	Ovieso,	ren			Trust Fund Contribution				o Fees
24 32-7	سعار	Country		Zip		untry		8. This corporation owes o	-		_	
24 32 7	<i>D</i> >	25 SEM (MOL &.		327 <i>6</i> 5	30 St	mu.	1001	Personal Property Tax d] No
	y , 1101110	and Address of Curre	nt Hegist	ered Agent		81	Name	10. Name and Address of	New Heg	istered Agent		
	RRICK, JOI					"	Name	HERRICK, DOM	ω			
1982 BENTWOOD						82		dress (P.O. Box Number is Not Acceptable)				
i wir	nter Park	FL 32/92				83	55	D ANTERIA 51				
						84	City	organism submits this statement		FL 85	Zip (Code,
44 Director	to the provin	ions of Sections 607 05	32 and 60	17 1500 Floring Sta	tutas the e		-pamod o	ornaration submits this statement	for the pu	FL	~ ~	
office or r	registered ag	ent or both, in the State	of Florid	la. Such change wa	is Juthorize	d by	the corpo	orporation submits this statement ration's board of directors. I hereb	by accept	the appointment	ant as	registered
	ım familiar w	th, and accept the onlig	jatirini ol.	Section 607.0505	Forida Sta	itutes.			9 _	15.8		
SIGNATURE	Signature, type	or printed frame of registered ag	urd and title i	I noulicable (A	OTF : Bogisters	ed Agen	nt signature re	quired when reinstating)	1 1	DATE	<u>/</u>	
12,		OFFICERS AN			13.		- angricator te	ADDITIONS/CHANGES TO	O OFFICE	RS AND DIRE	CTOR	S IN 12
TITLE	D 1			DELETE	1.1 T	ITLE		PLESIDENT		54 20		oititbA
NAME	HERRIC	K, JOHN W			1.2 N	IAME	ì	HERRICK, SOUTH	Ś	•		
STREET ADDRESS		IAFLER TRAIL			1.3 \$	TREET A	ADDRESS	HERRILL, SOUTH	_			
CITY-ST-ZIP	OVIEDO	FL 32765			1.4 0	ITY-ST	-ZIP	OVIEDO, FL 3:	2769	5		
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NAME					2.2 N	IAME	1	son Herrica				
STREET ADDRESS					2.3 \$	TREET	ADDRESS	220 ANTESIA ST				
CITY-ST-ZIP					2.40	CITY S	1 - ZIP	041800, FL 32	745			
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STREET ADDRESS					6.3 S	TREET A	ADDRESS					
CITY-ST-ZIP						ITY-ST						
14. I do heret	by certify that on indicated a	the information supplices this annual report or	ed with thi suppleme	is tiling does not que	alify for the	accui	nption sta	ted in Section 119.07(3)(i), Florida hat my signature shall have the sa	Statutes.	I further certif	y that f	the der path: th:
lam an o	ifficer or direc	ctor of the corporation of	r the rece	eiver or trustee emp	owered to	exect	ute this re	port as required by Chapter 607, F	lorida Sta	atutes; and tha	t my n	ame
appears i	in Block 12 o	r Block 13 if challiged. \	x on an a	ittachment ////t h an a	addiess.	,	/					