SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P93000074881 (2)

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
HENDERSON-LONGFELLOW ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
33 - 4TH ST., N. STE. 205 ST. PETERSBURG FL 33701 US	33 - 4TH ST., N. STE. 205 ST. PETERSBURG FL 33701 US

3. Date Incorporated or Qualified: 10/22/1993
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business	2a. Mailing Address
21 611 E. Bloomingdale Ave	26 611 E. Bloomingdale Ave
Suite, Apt. #, etc. 22 Suite B	Suite, Apt. #, etc. 27 Suite B
City & State 23 Brandon, FL	City & State 28 Brandon, FL
Zip / County 24 33511 / 25 USA	Zip / County 29 33511 / 30 USA

4. FEI Number: 59-3206044 — ☐ 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	10. Name and Address of New Registered Agent
HENDERSON, JOHN J 3913 BRIARLAKE DRIVE VALRICO FL 33594	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable): 611 E. Bloomingdale Ave. 83 Suite B 84 City: Brandon FL 85 Zip Code: 33511

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: John T. Henderson, Pres. DATE: 7/5/95
Executed: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	HENDERSON, JOHN J	1.2 NAME	
STREET ADDRESS	3913 BRIARLAKE DR.	1.3 STREET ADDRESS	611 E. Bloomingdale Ave, Suite B
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	VP	2.1 TITLE	☑ Change ☐ Addition
NAME	HENDERSON, DEBORAH	2.2 NAME	
STREET ADDRESS	3913 BRIARLAKE DR.	2.3 STREET ADDRESS	611 E. Bloomingdale Ave, Suite B
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CATHERINE	3.2 NAME	
STREET ADDRESS	9909 HALLS RIVER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: _____ 7/5/95 813-661-7231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010024O CP