FILED

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90119 022 ***150.00

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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

Principal Flace of Business



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000083889 1. Corporation Name

HENNING TECHNICAL SERVICES, INC.

139 CENTER ST. 139 CENTER ST. NAPLES FL 34108 NAPLES FL 34108 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/02/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI N imber 21 Applied For 26 65-0454916 No Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 П 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. 9. Name and Adcress of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOODWARD, MARK J 801 LAUREL OAK DR. Street Address (P.O. Bo) Number is Not Acceptable) SUITE 640 83 NAPLES FL 34108 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or registered agent, or bo h, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed na ne of registered agent and title if applicable (NOT :: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS (11/98)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition HENNING, MARK NAME 1.2 NAME CR2E034 STREET ADDRESS 139 CENTER STREET 1.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition HENNING, BONNIE B. NAME 22 NAME STREET ADDRESS 139 CENTER STREET 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change ☐ Addition NAME 4. 2 NAME

14. 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 annual report or supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 uncertoath; that I am an Block 12 or Block 13 if manged, or on an attachned with an address, with all other like empowered. manged, or on an attachment with an address, with all other like empowered

64 CITY-ST-ZIE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRES :

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

Change

Change

Addition

Addition