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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000034123**1. Corporation Name

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90106 022 ***150.00

HENDRY Principal Place	d ASSOCIATES, C.P.A.'S,	P.A. Mailing Address								
31622 U.S. HIGHWAY 19 NORTH 31622 U.S. HIGHWAY 19 NOR										
PALM HARBOR FL 34684 PALM HARBOR FL 34684							DO NOT WRI	TE IN TUIC	CDACE	
}						3	Date Incorporated or Qualifed	TE IN THIS	SPACE	
							05/02/1994			
2. Principal P	lace of Business	2a. Mailing Address					FEI Number		Apr	plied For
21		26			•	, ,	59-3248183		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	Certifcate of Status Desired		\$8.75 A	
22		27				<u> </u>			Fee Rec	`
City & State	e	City & State				6.	Election Campaign Financing		\$5.00	· · · · · · · · · · · · · · · · · · ·
Zip	Country	Zip	Cou	ntry		┝	Trust Fund Contribution		Added to	Fees
24	25	29	30	iiiu y		8.	This corporation owes the curr Personal Property Tax.	ent year int	_=	□No
241	9. Name and Address of Curren		30	ı —		10.	Name and Address of New I	Registered		
		<u> </u>		81	Name					
	DRY, DONALD W			82	Ctroot Addres	(D	.O. Box Number is Not Accepta	-bla\		
31622 U.S. HIGHWAY 19 NORTH				02	Street Addres	88 (P	O. Box Number is Not Accept	шы)		1
PALI	M HARBOR FL 34684			83						
				84	City				85 Zip C	·ode
				04	City			FL	. 65 Zip C	ode .
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was a	uthorized	by th	-named corpor he corporation	ration 's bo	n submits this statement for the eard of directors. I hereby accep	purpose of t the appoi	changing its reg	registered jistered
SIGNATURE	•									
	Signature, typed or printed name of registered ager	_ 		Agent	signature required v			DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			F	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR Change	RS IN 12
TITLE	HENDRY, DONALD W	FT OFFEIG	1.1 TIT						Change	- Addition
NAME	31622 U.S. HIGHWAY 19 NOR	TH	1.2 NA		ADDDCCC					
STREET ADDRESS	PALM HARBOR FL 34684	111			ADDRESS					
CITY-ST-ZIP TITLE	D	☐ DELETE	2,1 777	TY-ST-	-ZIP					
NAME	HAYS, JAMES W				l l				☐ Change	Addition
STREET ADDRESS	2000 LAKE ELLEN DRIVE		22 NA	ME	i				☐ Change	Addition
CITY-ST-ZIP	ZUUU LANE ELLEN ORIYE		2,2 NA		ADDRESS				Change	☐ Addition
			2.3 ST	REETA	ADDRESS			س نتت	Change	Addition
TITLE	HAINES CITY FL 33844	☐ DELETE	2.3 ST	REET A				<u> </u>	☐ Change	Addition Addition
		☐ DELETE	2,3 ST 2, 4 CI	REET A ITY-ST- ILE				<u></u>		
TITLE		☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA	REET A ITY-ST- ILE IME						
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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD W. HENDRY

(727) 785-5643