

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT

1995



DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAR -1 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035834 (8)

1. Name of Corporation

HERSHENSON, INC.

Principal Place of Business

4946 GLEN CASTLE DRIVE
TALLAHASSEE FL 32308

Mailing Address

4946 GLEN CASTLE DRIVE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/12/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3241892

Applied For

Not Applicable

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

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

HERSHENSON, PAULA
4946 GLEN CASTLE DRIVE
TALLAHASSEE FL 32308

81. Name

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

83.

84. City

FL

85. Zip Code

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

(Signature of person making this statement must be in the appropriate space)

(NOTE: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. NAME
12. STREET ADDRESS
13. CITY-STATE-ZIP

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

President
Harold Hershenson
4946 GLEN CASTLE DRIVE
TALLAHASSEE, FL 32308
☐ Change ☒ Addition

14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

Secretary/Treasurer
PAULA HERSHENSON
4946 GLEN CASTLE DRIVE
TALLAHASSEE, FL 32308
☐ Change ☒ Addition

17. NAME
18. STREET ADDRESS
19. CITY-STATE-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

☐ Change ☐ Addition

20. NAME
21. STREET ADDRESS
22. CITY-STATE-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

☐ Change ☐ Addition

23. NAME
24. STREET ADDRESS
25. CITY-STATE-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

☐ Change ☐ Addition

26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of this 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 1, or Block 13 if changed, on an attached attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA HERSHENSON, SECRETARY/TREASURER

2-25-95 (901) 668-7604

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