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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000050120 (2)

1. Corporation Name
HENDRIXSON REALTY, INC.



Principal Place of Business

Mailing Address

7650 BAYSHORE DRIVE STE 405B
TREASURE ISLAND FL 33706
US

7650 BAYSHORE DRIVE STE 405B
TREASURE ISLAND FL 33706
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7650 BAYSHORE DR.

Suite, Apt. #, etc.

22 402 B

City & State

23 TREASURE ISLAND, FL.

Zip

24 33706

Country

25 PINELLAS

2a. Mailing Address

26 7650 BAYSHORE DR.

Suite, Apt. #, etc.

27 402 B

City & State

28 TREASURE ISLAND, FL.

Zip

29 33706

Country

30 PINELLAS

3. Date Incorporated or Qualified

07/06/1994

4. FEI Number

59-3254238

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HENDRIXSON, EILEEN M
154 106 AVENUE
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name

EILEEN M. HENDRIXSON

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

7650 BAYSHORE DR.

83

#402 B

84 City

TREASURE ISLAND

85 State

FL

86 Zip Code

33706

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 EILEEN M. HENDRIXSON, PRES.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME HENDRIXSON, EILEEN M
STREET ADDRESS 154 106 AVENUE
CITY-ST-ZIP TREASURE ISLAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P
1.2 NAME HENDRIXSON, EILEEN M.
1.3 STREET ADDRESS 7650 BAYSHORE DR., #402 B
1.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)