

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 06 1996 8:00 am
Secretary of State

DOCUMENT # P94000064374 (9)

1. Corporation Name

HENRY BUSINESS GROUP, INC.

Principal Place of Business

4229 HIGHWAY 90
PACE FL 32571

Mailing Address

4229 HIGHWAY 90
PACE FL 32571



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HENRY, EDWIN
4229 HWY. 90
PACE FL 32571

3. Date Incorporated or Qualified
08/29/1994

3a. Date of Last Report
05/01/1995

4. FET Number

59-3269284

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

10. Name and Address of New Registered Agent

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 607.1506, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of person or corporation authorized to sign

Signature of Agent or person authorized to sign

(Date)

12. OFFICERS AND DIRECTORS

TITLE PST
NAME HENRY, EDWIN
STREET ADDRESS 4229 HWY 90
CITY-STATE-ZIP PACE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 NAME

18 STREET ADDRESS

19 CITY-STATE-ZIP

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 NAME

24 STREET ADDRESS

25 CITY-STATE-ZIP

26 NAME

27 STREET ADDRESS

28 CITY-STATE-ZIP

29 NAME

30 STREET ADDRESS

31 CITY-STATE-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 NAME

36 STREET ADDRESS

37 CITY-STATE-ZIP

38 NAME

39 STREET ADDRESS

40 CITY-STATE-ZIP

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)(k), 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 or Block 14 or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin Henry

4/3/96

904 984 0884

56-61-6-96

CR2E034 (12/95)