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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000058973

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90079 048 ***150.00

| ROBERT | HENRY ENTERPRISES, INC |) | | | | | | | | | | |
|---|--|---|-----------------------------|------------|-------------|------------|--|-------------------|--------|----------------|--|--|
| Principal Plac | e of Business | Mailing Address | | | | | | | | 80E \$11) 1881 | | |
| 627 ASHBERRY LANE ALTAMONTE SPRINGS FL 32714 627 ASHBERRY LANE ALTAMONTE SPRINGS FL 32714 | | | | | | | DO NOT WRITE IN T | HIS SPACE | i | | | |
| | | | | | | | 3. Date Incorporated or Qualifed | | | | | |
| | | | | | | | 07/31/1995 | | | j | | |
| 2. Principal P | lace of Business | Mailing Address 627 ASHBERRY LANE ALTAMONTE SPRINGS FL 32714 DO NOT WRITT 3. Date Incorporated or Qualifed 07/31/1995 4. FEI Number 59-3327674 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State 28 City & State 29 30 Country 3. This corporation owes the curre Personal Property Tax. Registered Agent 10. Name and Address of New Research 81 Name 82 Street Address (P.O. Box Number is Not Acceptat 83 84 City and 607.1508, Florida Statutes, the above-named corporation submits this statement for the personal corporation 607.0505, Florida Statutes be corporation's board of directors. I hereby accept and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DIRECTORS 13. ADDITIONS/CHANGES TO OFF DELETE 21 TITLE 22 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 22 NAME 2.3 STREET ADDRESS | | | | | | | Appl | ied For | | |
| 21 | | 26 | | | | | 59-3327674 | Not Applicable | | | | |
| Suite, Apt. | #, etc. | | | | | | 5. Certificate of Status Desired | \$8.75 Additional | | | | |
| City & Stat | e | City & State | | | | | 6. Election Campaign Financing | \$5. | 00 M | lay Be | | |
| 23 | | 28 | | | | | Trust Fund Contribution | Add | ded to | Fees | | |
| Zip | Country | Zip | <u></u> 1 | intry | | | 8. This corporation owes the current year | | _ | _ | | |
| 24 | 25 | | | | | | The state of the s | | | | | |
| | 9. Name and Address of Current | Registered Agent | | 24 | Namo | | 10. Name and Address of New Register | ed Agent | | | | |
| HENRY, ROBERT JR | | | | 01 | Name | | | | | • | | |
| | | | | 82 | Street | Addres | Address (P.O. Box Number is Not Acceptable) | | | | | |
| ALTAMONTE SPRINGS FL 32714 | | | | 83 | | | | | | | | |
| 627 ASHBERRY LANE ALTAMONTE SPRINGS FL 32714 11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations of Signature, typed or printed name of registered agent. | | | | | | | | | | | | |
| | | | | 84 | City | | _ | L 85 | Zip Co | de | | |
| office or r agent. I a | egistered agent, or both, in the State or rn familiar with, and accept the obligation | f Florida. Such change was ons of, Section 607.0505, F | authorized Florida Stati | by utes | the corp | oration | 's board of directors. I hereby accept the ap | pointment a | s regi | stered | | |
| 12. | | | | Agen | t signature | required w | | AND DIRE | CTOR | S IN 12 | | |
| TITLE | PD | | | TLE | | | | ☐ Cha | | Addition | | |
| NAME | | | | ME | | | | | | _ | | |
| STREET ADDRESS | 627 ASHBERRY LANE | 1.3 ST | | | | | | | | | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 3271 | 4 | 1,4 Ci | TY-S1 | Γ- ZIP | | | | | | | |
| TITLE | STD | | 2.1 TI | ΓLE | | | | ☐ Cha | nge | ☐ Addition | | |
| NAME | HENRY, ROBERT JR | | 2.2 N | ME | | | | | | | | |
| STREET ADDRESS | 627 ASHBERRY LANE | | 2.3 \$1 | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 3271 | 4 | 2.4 C | ITY-S | T-ZIP | - | | | | | | |
| TITLE | | ☐ DELETE | 3.1 TI | ſLΕ | | | | Cha: | nge | ☐ Addition | | |
| NAME | | | 3.2 N/ | WE | | | | | | | | |
| STREET ADDRESS | | | 3.3 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 3.4. C | TY-S | T-ZIP | | , | | | | | |
| TITLE | | ☐ DELETE | | | | | | ☐Cha | nge | ☐ Addition | | |
| NAME | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | { | | |
| CITY-ST-ZIP | | □ DELETE | | | T-ZIP | | | 广□ Cha | | Addition | | |
| TITLE | | □ DECE15 | | | | | | Cha | AG | (**) \range(1) | | |
| NAME | | | | | ADDRESS | | | | | | | |
| STREET ADDRESS | | | | | | | | | | ſ | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | | | | | | ☐ Cha | nge | Addition | | |
| NAME | | | 6.2 NA | ME | | | | | - | | | |
| STREET ADDRESS | | | 6.3 ST | REET | ADDRESS | | | | | } | | |
| CITY-ST-ZIP | | | 6.4 CF | TY-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, with all other like empowered.

SIGNATURE:

ECTOR Date 15/19 (407) 865-6466