## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZE

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1997 8:00am

Secretary of State

4-9-97(305)453-9857

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P95000094169 (6)

HENSON & HENSON INVESTMENTS, INC.

Principal Place of Business Mailing Address 265 ST.THOMAS AVE. 265 ST.THOMAS AVE. KEY LARGO FL 33037 KEY LARGO FL 33037-4321 US 3. Date Incorporated or Qualified 3a. Date of Last Report 12/12/1995 05/01/1996 2a. Mailing Address 4. FEI Number Applied For 1065000000000 Hun Key Lenso Cits . 65-0627421 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 106580 Oversons Huy Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Key herio Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s. 199.032, いて 25 V S A 29 3303 9. Name and Address of Current Registered Agent 33027 Florida Statutes Yes 🔲 No 10. Name and Address of New Registered Agent 61 Name seiber. Neta l esq. 9705 OVERSEAS HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) MARATHON FL 33050 63 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Stip after: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. DELETE Change \_\_\_ Addition HILE 117716 HENSON, ROBERT F JR. NAMI 1.2 NAME -205-ST: THOMAS AVE. LOC SSO COLORS #45 GA. STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO FL 33037 1.4 CITY-ST-ZIP CITY-ST ZE DELETE Change Addition TITLE 21 TITLE HENSON, ANN M NAME 2.2 NAME 205 ST. THOMAS AVE. 106580 Oversias they STHEET ADDRESS 23 STREET ADDRESS KEY LARGO FL 33037 2 4 CITY-ST-ZIP CHY-\$1-200 DELETE Addition HILL 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CHY - \$1 - 20° \_\_\_ DELETE Addition HILE 4.1 TITLE MAME 4.2 NAME STHEEL ADDRESS 4.3 STREET ADDRESS 0114-51-712 4.4 CITY-ST-7IP DELETE THE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CHTY - ST - ZIP DRUE □ DELETE 6 1 TITLE ☐ Change Addition NAME **62 NAME** STREET ANORESIS **6.3 STREET ADDRESS** 

64 CITY-ST-ZIP 14. I do 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 efficer 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

ING OFFICER OR DIRECTOR