2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000094169 May 19, 2000 8:00 am Secretary of State HENSON & HENSON INVESTMENTS, INC. 05-19-2000 90027 011 ***150.00 Principal Place of Business Mailing Address 106580 OVERSEAS HWY 106580 OVERSEAS HWY KEY LARGO FL 33037 KEY LARGO FL 33037-3115 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0627421 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -Name Nicholas W. Mulick, Esq. SEIBER, NETA L ESQ. Street Address (P.O. Box Number is Not Acceptable) 90130 Old Highway 9705 OVERSEAS HIGHWAY MARATHON FL 33050 Zip Code 33070 Tavernier spose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above na SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change □ Addition Delete TITLE TITLE HENSON, ROBERT F JR. NAME NAME STREET ADDRESS 106580 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL Change ☐ Addition ☐ Delete TITLE HENSON, ANN M NAME NAME STREET ADDRESS 106580 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL Change -- 🖸 Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

AME OF SIGNING OFFICER

CITY-ST-ZIP

Hensonis.