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

PROFIT
CORPORATION
ANNUAL REPORT



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

A LINGUARDA REM LOLAN METER MOLEK MOLEK MOLEK GONK GONK ÖDNIK MOKAL MEKAL BINGO KIRA KATA

1996

# P9600000653 (1)

DOCUMENT #	P960
HENDRY'S CONCRE	TE, INC

Principal Place of Business Mailing Address										
C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD SUITE 30		ļ								
				ŀ	3. Date Incorporated or Qualified 12/26/1995	3a. Date of Last Report			ort	
2. Principal Pla	ce of Business	2a. Mailing Address 26 /2 // ???	l.	h nt	Ų	4. FEI Number		1		plied For It Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	runu	<u> </u>		5. Certificate of Status Desired	₩		75	Additional equired
City & State		City & State  28 Supite				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country 25	29 33 438	Cou	W.P.B		8. This corporation has liability for	intangible to			
24	9. Name and Address of Curre		1001	1		10. Name and Address of New I	Registered	Agent		
	or Manie Blid Address of Calle			81 Name						
GUMSON, RICHARD P 82 Street Address (P.O. Box Number is N				s (P.O. Box Number is Not Acceptal	ole)					
C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD SUITE 30										
JUPITER				84 City			FL	85	Zip	Code
ar register	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was authorizi	ea by the	ove-named corp corporation's bo	orati ard	on submits this statement for the pu of directors. I hereby accept the app	rpose of ch pointment as	anging a registe	its reg ered a	gistered offic igent. I am
SIGNATURE _	Signature, typed or printed nume of registered ago			d Agent signature requ	red w		DATE:	n Dipe	CTOD	C INI 10
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF		C Chai	-	T Addition
TITLE	D	DELFTE	1.1	i				☐ Cilai	nye	L Venteur
NAME	HENDRY, TROY R			LAME						
STREET ADDRESS	1211 MOHAWK STREET		1.3 STRE							
CITY-ST-ZIP	JUPITER FL 33458	FTT DC. PTC		DITY-ST-ZIP				Cha	ane	Addition
TITLE		DELETE	1	TITLE				الم الم	··y·	L 78055011
NAME				NAME						
STREET ADDRESS			1	STREET ADDRESS						
CITY-ST-ZIP		[] DELETE		TITLE				Cha	nae	[ ] Addition
TITLE		T NECELE		NAME					5-	
NAME			į.							
STREET ADDRESS				STREET ADDRESS CITY - ST - 7IP						
C(1Y-ST-ZIP		DELETE		TITLE				Cha	nge	Addition
TITLE		ما م		NAME						
NAME CARETA ADGRESS				STREET ADDRESS						
STREET ADDRESS				City-St-ZiP						
CITY-ST-ZIP TITLE		DELETE		TITLE				☐ Cha	ange	Addition
	<u> </u>	<u> </u>		NAME						
NAME exerci appress				STREET ADDRESS						
STREET ADDRESS				CITY-ST-ZIP						
CITY-ST-ZIP		DELETE		TITLE				Cha	ange	Addition
TITLE		L-) peccie	- 6	NAME						_
NAME										
STREET ADDRESS	†		6.3	STREET ADDRESS						

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 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE: X

Description of the corporation of the corporation of the corporation of 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.