

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90029 042 ***150.00

DOCUMENT # P96000019905

1. Entity Name

HENDRIX ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

499 MURRAY ST
JACKSONVILLE FL 32234

Mailing Address

P.O. BOX 84
JACKSONVILLE FL 32234

94051334



MOORE CR2E034 (11/03)

2. Principal Place of Business

9810 CR 121

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bryceville FL

City & State

Bryceville FL

4. FEI Number

59-3363978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRIX, PHILIP J
499 MURRAY STREET
JACKSONVILLE FL 32234

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Philip Hendrix

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HENDRIX, PHILIP J
STREET ADDRESS 499 MURRAY STREET
CITY-ST-ZIP JACKSONVILLE FL 32234

TITLE PO ☒ Change ☐ Addition
NAME Philip Hendrix
STREET ADDRESS 9810 CR 121
CITY-ST-ZIP Bryceville FL 32009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip Hendrix

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-11-04 904-626-3889

Date

Daytime Phone #