

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000053802 (0)

1. Corporation Name
K HENDERSON CONSULTING, INC.



Principal Place of Business: **4227 WATER OAK LANE JACKSONVILLE FL 32210**
 Mailing Address: **4227 WATER OAK LANE JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4005 FOWLER AVE.		26 4005 FOWLER AVE.		06/21/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 TAMPA, FLORIDA		28 TAMPA, FLORIDA		59-3391081	
24 33617		29 33617		5. Certificate of Status Desired <input type="checkbox"/>	
25 USA		30 USA		\$8.75 Additional Fee Required	
23 TAMPA, FLORIDA		28 TAMPA, FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 33617		29 33617		\$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOEGLER STEVEN C 10151 DEERWOOD PARK BLVD BLDG 100 STE 200 JACKSONVILLE FL 32256				HENDERSON, ALAN D.			
B1 Name				B2 Street Address			
				4337 PABLO OAKS COURT			
				B3 Suite, Apt. #, etc.			
				SUITE 102			
				B4 City			
				JACKSONVILLE FL			
				B5 State			
				32224			

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. I am hereby accepting the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Alan D. Henderson* DATE: **4-29-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, ALAN D	1.2 NAME	
STREET ADDRESS	1860 PRUDENTIAL DRIVE STE 402	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	4337 PABLO OAKS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUITE 102	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	JACKSONVILLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLA. 32224	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or an attachment with an address.

SIGNATURE: *Alan D. Henderson* DATE: **4-14-98 813-6318288**

CF2E034 (10/97)