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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000078231 (3)

1. Corporation Name
MCHENRY, INC.

Principal Place of Business
5991 WEST NINE MILE RD.
PENSACOLA FL 32526

Mailing Address
5991 WEST NINE MILE RD.
PENSACOLA FL 32526-4283

3. Date Incorporated or Qualified: 09/19/1996
3a. Date of Last Report:
4. FEI Number: 65-0695589 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
MCGRAW, ARTICE L
817 N. PALAFOX ST.
PENSACOLA FL 32526

10. Name and Address of New Registered Agent
81 Name: BRIAN R McHENRY
82 Street Address (P.O. Box Number is Not Acceptable): 5810 FRANK REEDER RD
83
84 City: PENSACOLA FL
85 Zip Code: 32526

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE BRIAN R. McHenry Brian R. McHenry 4/3/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MCHENRY, BRIAN	
STREET ADDRESS	5810 FRANK REEDER RD.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DV	☐ DELETE
NAME	MCHENRY, GENA	
STREET ADDRESS	5810 FRANK REEDER RD.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DS	☐ DELETE
NAME	MCHENRY, TOMMY	
STREET ADDRESS	5991 WEST NINE MILE RD.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DT	☐ DELETE
NAME	MCHENRY, CHRISTINA	
STREET ADDRESS	5991 WEST NINE MILE RD.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	RT 2 BOX 236 A	
3.4 CITY-ST-ZIP	HUNTSVILLE ARK 72740	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	RT 2 BOX 236 A	
4.4 CITY-ST-ZIP	HUNTSVILLE ARK 72740	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: