

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90027 012 \*\*\*550.00

0081633

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000086141**

1. Corporation Name

**MCHENRY FIELDS, INC.**

Principal Place of Business

7579 THORNLEE DRIVE  
LAKE WORTH FL 33467

Mailing Address

7579 THORNLEE DRIVE  
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

65-0704865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 14401 S. Military Trail

Suite, Apt. #, etc.

22 F-204

City & State

23 Delray Beach, FL

Zip

24 33484

Country

2a. Mailing Address

26 14401 S. Military Tr.

Suite, Apt. #, etc.

27 F-204

City & State

28 Delray Beach, FL

Zip

29 33484

Country

9. Name and Address of Current Registered Agent

FIELDS, LINDA  
7579 THORNLEE DRIVE  
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name Robert C. McHenry  
82 Street Address (P.O. Box Number is Not Acceptable)  
14401 S. Military Trail  
83 Apt. F-204  
84 City Delray Beach FL 85 Zip Code 33484

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 *[Signature]*  
Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

7-13-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FIELDS, LINDA  
STREET ADDRESS 7579 THORNLEE DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33467  
☒ DELETE

TITLE P  
NAME MCHENRY, ROBERT C  
STREET ADDRESS 7579 THORNLEE DR  
CITY-ST-ZIP LAKE WORTH FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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 P ☒ Change ☐ Addition  
2.2 NAME Robert C. McHenry  
2.3 STREET ADDRESS 14401 S. Military Trail  
2.4 CITY-ST-ZIP Apt. F-204, Delray Beach, FL 33484

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-99 561-496-5139  
Date Daytime Phone #

CR2E034 (5/99)