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

PROFIT CORPORATION ANNUAL REPORT

1999

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

99 JUN 30 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100380

1. Corporation Name
HENRY HOLDINGS, INC.

Principal Place of Business	Mailing Address
7118 BEECH RIDGE TALLAHASSEE FL 32312	7118 BEECH RIDGE TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 2930 Wellington Circle	26 2930 Wellington Circle	12/02/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22 101	27 101	59-3544337	☐ Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
23 Tallahassee, FL	28 Tallahasee, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No
24 32308 25 USA	29 32308 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONNER, MARK A 7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312	81 Name: Mark A. Conner 82 Street Address (P.O. Box Number is Not Acceptable): 2930 Wellington Circle 83 Suite 101 84 City: Tallahassee, FL 85 Zip Code: 32308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D P	☒ Change ☐ Addition
NAME	CONNER, MARK A		1.2 NAME	Mark A. Conner	
STREET ADDRESS	7118 BEECH RIDGE TRAIL		1.3 STREET ADDRESS	2930 Wellington Circle South	
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	D VP	☐ Change ☒ Addition
NAME			3.2 NAME	Robert E. Maloney, Jr.	
STREET ADDRESS			3.3 STREET ADDRESS	2930 Wellington Circle South	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	000002921440--0	
STREET ADDRESS			4.3 STREET ADDRESS	-07/01799--01089--008	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****550.00 ****550.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME			6.2 NAME	6-30-99	
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 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, with all other like empowered.

SIGNATURE: _____ 6/29/99 850-894-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)