

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S15956** (3)

1. Corporation Name

MELODEE AND JOHN HERNDON, INC.



Principal Place of Business

**404 EUNICE DRIVE
LAKELAND FL 33803**

Mailing Address

**404 EUNICE DRIVE
LAKELAND FL 33803**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
11/29/1990

3a. Date of Last Report
04/20/1995

4. FET Number

59-3041820

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNDON, JOHN B.
404 EUNICE DRIVE
LAKELAND FL 33803**

81 Name

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

83

84 City

FL

85 Zip Code

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when a new agent is appointed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	D			<input type="checkbox"/>
	HERNDON, JOHN B.			
	404 EUNICE DRIVE			
	LAKELAND FL			
	D			<input type="checkbox"/>
	HERNDON, MELODEE M.			
	404 EUNICE DRIVE			
	LAKELAND FL			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John B. Herndon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

941-686-3826

CR2E034 (12/95)