

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

**DOCUMENT # S25969**

1. Corporation Name

**HENDERSON GRADE, INC.**

Principal Place of Business

**777 S FLAGLER DR  
SUITE 909, E TOWER  
W PALM BEACH FL 33401  
US**

Mailing Address

**777 S FLAGLER DR  
SUITE 909, E TOWER  
W PALM BCH FL 33401  
US**

2. Principal Place of Business

**21 1625 Hendry Street**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 1625 Hendry Street**  
Suite, Apt. #, etc.

**22 301**

City & State

**23 Fort Myers, FL**

Zip Country  
**24 33901 25 USA**

**27 301**

City & State

**28 Fort Myers, FL**

Zip Country  
**29 Florida 30 USA**

9. Name and Address of Current Registered Agent

**KAY, JAMES R ESQUIRE  
777 S FLAGLER DR  
SUITE 900, EAST TOWER  
W PALM BCH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/17/1991**

4. FEI Number

**65-0237560**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**James T. Humphrey, Esq.**

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

**1625 Hendry Street, #301**

83

84 City

**Fort Myers**

**FL**

85 Zip Code  
**33901**

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 607.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-27-99**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **MUELLER, WILFRED**  
STREET ADDRESS **777 S FLAGLER DR, 909 EAST**  
CITY-ST-ZIP **W PALM BCH FL**

TITLE **DVST** ☒ DELETE  
NAME **EICHENBERGER, RENE**  
STREET ADDRESS **777 S FLAGLER DR, 909 EAST**  
CITY-ST-ZIP **W PALM BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **DP** ☒ Change ☐ Addition  
1.2 NAME **Mueller, Wilfred**  
1.3 STREET ADDRESS **1625 Hendry Street, #301**  
1.4 CITY-ST-ZIP **Fort Myers, FL 33901**

2.1 TITLE **V/ST** ☐ Change ☒ Addition  
2.2 NAME **Humphrey, Nancy**  
2.3 STREET ADDRESS **1625 Hendry Street, #301**  
2.4 CITY-ST-ZIP **Fort Myers, FL 33901**

3.1 TITLE **V/Treas** ☐ Change ☒ Addition  
3.2 NAME **Mueller, Sandra**  
3.3 STREET ADDRESS **1625 Hendry Street, #301**  
3.4 CITY-ST-ZIP **Fort Myers, FL 33901**

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, with all other like empowered.

SIGNATURE:

**James T. Humphrey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-99**

Date

**941-334-8125**

Daytime Phone #

CR2E034 (11/98)