

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 10:07

DOCUMENT # S33487 (7)

1. Corporation Name
HENSLEY-YOUNG ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**101 PONCE DE LEON BLVD
BROOKSVILLE FL 34601
US**

3. Date Incorporated or Qualified **02/21/1991** 3a. Date of Last Report **02/08/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26 Suite, Apt. #, etc.**

4. FEI Number **59-3046975** Applied For ☐
Not Applicable ☐

22 City & State **27 City & State**

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23 Zip **28 Country**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 Zip **25 Country** **29 Zip** **30 Country**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HENSLEY, OMER L.
101 US HWY. 98 NORTH
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HENSLEY, OMER L.
STREET ADDRESS BOX 513 N/A
CITY-ST-ZIP BROOKSVILLE FL

TITLE D
NAME HENSLEY, JUDY B.
STREET ADDRESS BOX 513 N/A
CITY-ST-ZIP BROOKSVILLE FL

TITLE D
NAME YOUNG, ROBERT
STREET ADDRESS 101 PONCE DE LEON BLVD.
CITY-ST-ZIP BROOKSVILLE FL

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
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 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMER L. HENSLEY

1-13-95 904-796-1047