

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 # **S33487** (7)

1. Corporation Name

HENSLEY-YOUNG ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**101 PONCE DE LEON BLVD
BROOKSVILLE FL 34601
US**

**101 PONCE DE LEON BLVD
BROOKSVILLE FL 34601
US**

3. Date Incorporated or Qualified
02/21/1991

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number
59-3046975

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

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

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. 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

11.5 TITLE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY - ST - ZIP

11.9 TITLE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY - ST - ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY - ST - ZIP

11.17 TITLE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY - ST - ZIP

11.21 TITLE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY - ST - ZIP

**D
HENSLEY, OMER L.
BOX 513 N/A
BROOKSVILLE FL**

**D
HENSLEY, JUDY B.
BOX 513 N/A
BROOKSVILLE FL**

**D
YOUNG, ROBERT
101 PONCE DE LEON BLVD.
BROOKSVILLE FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-96

904-796-1047

CR2E034 (12/95)