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 #	S72955	(5)
------------	--------	-----

HENSLEY PROFESSIONAL GROUP, INC.

MERRITT ISLAND FL 32953	MERRITT ISLAND FL 32953
121 MUSTANG WAY	121 MUSTANG WAY
Principal Place of Business	Mailing Address



121 MUSTAN MERRITT ISL	G WAY AND FL 32853	121 MUSTANG WAY MERRITT ISLAND FU			Date Incorporated or Qualified	3a. Date of Last	Report
					08/13/1991	05/01/1	1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			59-3091035		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		5 Additional Required
City & State	200 100 100 100 100 100 100 100 100 100	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country 25	Ζίρ 29	Countr 30	у		□ No	s 199.032,
71	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
			81	Name			
	EY, ANTHONY D. STANG WAY		82	Street Add	lress(P.O. Box Number is Not Acceptab	ile)	
	T ISLAND FL 32953		83	3			
			84	1 '	oration submits this statement for the pur ard of directors. I hereby accept the app	FL I	Zip Code
SIGNATURE	n, and accept the obligations of, Sec Signature, typed or printer name of registered age	nt ano trie il applicable. (NOTE: Registered Ag	ent signature require	ed when reinstaing! ADDITIONS/CHANGES TO OFI	DATE	TORS IN 12
12.		ND DIRECTORS	13. 1.1 Jiju		ADDITIONS/CHANGES TO OF	Chang	
TITLE	CPTS Hensley, anthony D.	Dutti	1. 1 HILE				
NAME STREET ADDRESS	918 JACK PINE CT			ET ADORESS			
	STO UNOK THIL OF		1.4 CITY				
	ROCKLEDGE FL			- 31-211			
CITY-ST-ZIP TITLE	ROCKLEDGE FL D	DELETE	2. 1 TITL			☐ Chang	e Addition
	D Hensley, Carrie P.	☐ DELETE		E		☐ Chang	e Addition
TITLE	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLI 2.2 NAMI 2.3 STRE	E E I ADDRESS		☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hensley, Carrie P.	-	2. 1 TITLI 2.2 NAMI 2.3 STRE 2.4 CITY	E E E I ADDRESS - SI - 7:P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 THTU 2.2 NAMI 2.3 STRE 2.4 City 3.1 THU	E E I ADDRESS - SI - Z:P		☐ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HENSLEY, CARRIE P. 918 JACK PINE CT	-	2. 1 THE 2.2 NAM 2.3 STRE 2.4 CiTY 3.1 THE 3.2 NAM	E E I ADDRESS - SI - Z:P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D HENSLEY, CARRIE P. 918 JACK PINE CT	-	2. 1 THE 2.2 NAM 2.3 STRE 2.4 CiTY 3.1 THE 3.2 NAM	E E ADDRESS -ST-7:P E E E E ADDRESS		☐ Chanç	pe 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HENSLEY, CARRIE P. 918 JACK PINE CT	-	2. 1 TITLI 2.2 NAMI 2.3 STAE 2.4 CITY 3.1 TITLI 3.2 NAMI 3.3 STAI	E E E ADDRESS -SI-7:P E E EEI ADDRESS -SI-2IP			pe 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLE 2 2 NAM 2.3 SIRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 SIRE 3.4 CITY 4.1 TITL 4.2 NAM	E E E E E E ADDRESS -SI-Z-P E E E E E E E E E E E E E E E E E E E		☐ Chanç	pe 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLE 22 NAMI 23 STRE 24 CITY 3 1 TITL 32 NAMI 33 STRE 34 CITY 4. 1 TITL 42 NAMI 4.3 STRE	E E E E ADDRESS -SI-ZiP E E E E E E E E E E E E E E E E E E E		☐ Chanç	pe 🔲 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLE 2.2 NAM 2.3 SIRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 SIRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 SIRE 4.4 CITY	E E E E E E ADDRESS -SI-Z-P E E E E E E E E E E E E E E E E E E E		☐ Chang	pe Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5. 1 TITLE	E E E E E E E E ADDRESS -SI-ZiP E E E E E E E E E E E E E E E E E E E		☐ Chanç	pe Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLE 2.2 NAMI 2.3 SIRE 2.4 CITY 3. 1 TITLE 3.2 NAMI 3.3 SIRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 SIRE 4.4 CITY 5.1 TITLE 5.2 NAMI	E E E E E E E E ADDRESS -SI-ZiP E E E E E E E E E E E E E E E E E E E		☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLE 2.2 NAM 2.3 SIRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 SIRE 3.4 CITY 4. 1 TITLE 4.2 NAM 4.3 STRE 4.4 CHY 5. 1 TITLE 5.2 NAM 5.3 SIRE	E E E E E E E E E E F A D		☐ Chang	pe Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLE 2.2 NAM 2.3 SIRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 SIRE 3.4 CITY 4. 1 TITLE 4.2 NAM 4.3 STRE 4.4 CHY 5. 1 TITLE 5.2 NAM 5.3 SIRE	E E E E E E E E ADDRESS -SI-ZiP E E E E E E E E E E E E E E E E E E E		☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3. 1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CHY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY	E E E E E E E E ADDRESS -SI-7:P E E E E E E E E E E E E E E E E E E E		☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HENSLEY, CARRIE P. 918 JACK PINE CT	☐ DELETE	2. 1 TITLE 2.2 NAM 2.3 STRE 2.4 GTY 3. 1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4. 1 TITLE 4.2 NAM 4.3 STRE 4.4 CHY 5. 1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	E E E E E E E E ADDRESS -SI-7:P E E E E E E E E E E E E E E E E E E E		☐ Chang	ge Addition Addition Ge Addition

Too hereby certify that the inition supplied with this hing is voluntarily remished and does not qualify for the exemption stated in section 118.07(3)(R). Product Statutes. Find the 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 cath; that I am an office or director of this corporal annual report to 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 colored or or an attactment with in address.

SIGNATURE:

VIED NAME OF SIGNING OXICER OR DIRECTOR