FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:30

DOCUMENT # **S74216** **(0)**

1. Corporation Name
HENDERSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
400 N NEW YORK AVE STE 212 WINTER PARK FL 32789 US	PO BOX 2433 NA WINTER PARK FL 32790 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1991
3a. Date of Last Report: 04/28/1994

4. FEI Number: 59-3076521 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2316 Winter Woods Blvd.	26 2316 Winter Woods BLVD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Winter Park, FL	28 Winter Park, FL
24 Zip 32792-1906	29 Zip 32792-1906
25 Country Seminole	30 Country Seminole

9. Name and Address of Current Registered Agent

HENDERSON, PHIL
400 N NEW YORK AVE
STE 212
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: PHIL Henderson
82 Street Address (P.O. Box Number is Not Acceptable): 2316 Winter Woods BLVD.
83
84 City: Winter Park FL 85 Zip Code: 32792-1906

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: PHIL HENDERSON, PRES. Phil Henderson 4-7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PHIL HENDERSON	12 NAME	
STREET ADDRESS	1520 HIBISCUS AVE	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	LEE HENDERSON	22 NAME	
STREET ADDRESS	1520 HIBISCUS AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Phil Henderson - PHIL HENDERSON. PRES. 4-7-95 -(407)657-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418381 FP