

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

1 APPROVED
FILED 2

96 OCT -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S81373 (0)

1. Corporation Name

HENDON BENEFITS CORPORATION

Principal Place of Business

P.O. BOX 580205
ORLANDO FL 32809

Mailing Address

P.O. BOX 583205
ORLANDO FL 32809



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 PO BOX 533709

22 City & State 27 Suite, Apt. #, etc.

23 Zip 28 Orlando FL

24 Country 25 32853 30

9. Name and Address of Current Registered Agent

HENDON, DEE L.
8000 S. ORANGE AVENUE
STE 121
ORLANDO FL 32809

3. Date Incorporated or Qualified

09/19/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3087692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

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

620 E. COLONIAL DRIVE

83

84 City

Orlando

FL

85 Zip Code

32853

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
HENDON, DEE L.
STREET ADDRESS
8000 S ORANGE AVE
CITY-ST-ZIP
ORLANDO FL

1.2 TITLE ☐ DELETE

1.3 NAME

1.4 STREET ADDRESS

1.5 CITY-ST-ZIP

1.6 TITLE ☐ DELETE

1.7 NAME

1.8 STREET ADDRESS

1.9 CITY-ST-ZIP

1.10 TITLE ☐ DELETE

1.11 NAME

1.12 STREET ADDRESS

1.13 CITY-ST-ZIP

1.14 TITLE ☐ DELETE

1.15 NAME

1.16 STREET ADDRESS

1.17 CITY-ST-ZIP

1.18 TITLE ☐ DELETE

1.19 NAME

1.20 STREET ADDRESS

1.21 CITY-ST-ZIP

1.22 TITLE ☐ DELETE

1.23 NAME

1.24 STREET ADDRESS

1.25 CITY-ST-ZIP

1.26 TITLE ☐ DELETE

1.27 NAME

1.28 STREET ADDRESS

1.29 CITY-ST-ZIP

1.30 TITLE ☐ DELETE

1.31 NAME

1.32 STREET ADDRESS

1.33 CITY-ST-ZIP

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

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE ☐ Change ☐ Addition

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE ☐ Change ☐ Addition

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE ☐ Change ☐ Addition

1.34 NAME

1.35 STREET ADDRESS

1.36 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

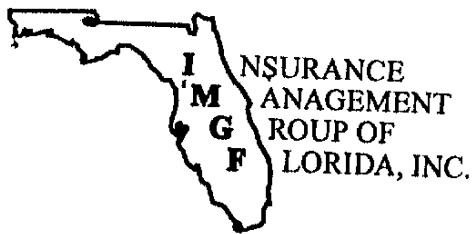
9/14/96

407-832-0053

Date

Daytime Phone #

CR2E034 (12/95)



2 of 2

Vice President - Dee L. Hendon
Office Manager - Nancy Ferris Tait

9/30/96

To Whom It May Concern:

Because of My illness this year my
Cong. filing fee of \$200.00 was overlooked
& not paid. I would appreciate your
acceptance of the \$200. fee in light of
my circumstances.

Thank You Very Much

Dee Hendon