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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

·	1996 DIVISION OF CORPORATIONS									
DOCUN 1. Gorporation	MENT # \$90843	3 (1)								
HENDE	ERSON ENTERPRISES, INCO	RPORATED				-				
								A 1411 ALDRI ALI		
Phnopal Place	of Business	Mailing Address			\dashv					
3219 HWY 390		3219 HWY 390								
PANAMA CITY FL 32405		PANAMA CITY FL 32405								
						F	3. Date Incorporated or Qualified	3a. Date	of Last	Report
A Delivation Du	ace of Business	To Males					10/30/1991 4. FEI Number	0	<u>5/01/1</u>	
2, Filinopai Fia	ace or husiness	2a. Mailing Address			-	59-3091013		-	Applied For Not Applicable	
Suite, Apt. #	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	75 Additional	
22		27							e Required	
City & State	1	Orty & State				1	6. Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees
Žφ	Country	Ζφ	Cou	untry			8. This corporation has liability for i	ntangible ta		
24	25		30			ᆜ.	Florida Statutes Yes	_		
9. Name and Address of Current Registered Agent 81					Name	^_	0. Name and Address of New R	egistered /	Agent	
HENDERSON, STEPHANIE K.				82		<u> </u>	Chael L. Alvord (P.O. Box Number is Not Acceptab	la)		
3219 HWY. 390				02	Street Ad	5aress		n d		
PANAM	A CITY FL 32405			83						
				84	City	D	1.1	F-1	85	Zip Code 32404
11. Pursuant te	o the provisions of Sections 607,0502 a	nd 607.1508, Florida Statutes	the abo	L ove-na	amed corr	ooration	ama City n submits this statement for the our	Oose of cha	naina its	e registered office
 or registere 	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	 Such change was authorized 	by the	corpo	ration's bo	oard of	directors. I hereby accept the appo	pintment as	registere	ed agent. I am
SIGNATURE .										
12.	Stinatine, typed or printed name of registered agent as OFFICERS AND		Registered	d Agant	signature recju	uired whe	n reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDCOL	TODG IN 10
THEF	DP	DELETE	1.11	TITLE	I		ADDITIONS/OFFANGES TO OFFI		Change	
NAME	HENDERSON, JOSEPH M. JR	• .	1.2 N	AME						_
STREET ADDRESS	3219 HWY. 390		1.3 \$	TREET A	ADDRESS					
Ci`v+Si ZiP Ti`tE	PANAMA CITY FL 32405 DST P	DELETE		ITY-ST	- ZIP				7 Chann	o FT Addition
NAME	HENDERSON, STEPHANIE K.				2 1 TITLE 2 2 NAME			L	Change	e [] Addition
STHEET ADDRESS	3219 HWY. 390				ADDRESS					
CITY ST-ZIP	PANAMA CITY FL 32405			2.4 C(1Y - ST - Z(P						
THE NAME		DELETE	3 1 1					_	Change	e 🔲 Addition
NAME STREET ADDRESS			32 N		ADDRESS					
CIT STZP				IIY-SI	- 1					
TILF		DELETE	4 1 1					Ē	Change	e 🔲 Addition
NAM:			4.2 N							
STREET ADDRESS CITY - ST- 7IP					NDORESS TUT:					
TLIE		DELETE	5 1 T	HTLE	- £11°			Г	Change	Addition
NAME		•	5 2 N					_	_ •	
STREET ADDRESS			538	TREET A	NDORESS					
CIY-SI-7P		DELETE	-	ITY-ST	- ZIP				7 (****	. (3333
THE			6 17	IIILE				L	Change	e [Addition

14. I do hereby cert by 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 in ficated 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:

63 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

CHY SI-ZP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-75-4195