

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V05183

(1)

1. Corporation Name

CONNIECO, INCORPORATED



Principal Place of Business

Mailing Address

5842 DARREN CT N
CLEARWATER FL 34620
US

5842 DARREN COURT, NORTH
CLEARWATER FL 34620
US

3. Date Incorporated or Qualified
01/06/1992

3a. Date of Last Report
05/30/1995

4. FEI Number

NOT APPLICABLE

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDERSON, LARRY
5842 DARREN CT N
CLEARWATER FL 34620

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HENDERSON, LARRY
STREET ADDRESS 5842 DARREN COURT NORTH
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

11 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME HENDERSON, CONNIE
STREET ADDRESS 5842 DARREN CT N
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

21 TITLE
22 NAME ☐ Change ☐ Addition
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME MYERS, WILLIAM
STREET ADDRESS 3592 LANDMARK TRAIL
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

31 TITLE
32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME KRUEGER, JEFFREY A.
STREET ADDRESS 18401 US 19 NO.
CITY-ST-ZIP CLEARWATER FL ☒ DELETE

41 TITLE
42 NAME ☐ Change ☐ Addition
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME ☐ Change ☐ Addition
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME ☐ Change ☐ Addition
63 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Connie M. Henderson

CONNIE M. HENDERSON

7/12/96

813 530 1658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone

CR2E034 (3/96)