FORM 1	STATEM	IENT OF		2010			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5 [,			
Henderson Randell MAILING ADDRESS:	FOR O						
1314 Shadow Law		ID Cod					
CITY: Z CITY: Z CITY: Df Fort M NAME OF AGENCY: Mayor City of NAME OF OFFICE OR POSITION HELD O	FL FL	ID No. Conf. C	code				
You are not limited to the space on the lines of	this form Attach additional shape	if percentary					
CHECK ONLY IF CANDIDATE OR				Ľæ(∂F)			
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): DECEMBER 31, 2010 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]							
(If you have nothing to report, NAME OF SOURCE OF INCOME	soul	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
	1 1404 Dean St. S.			state mand + Brokeng			
Henderson Partnership (Ranky.		-		Estate			
PHenderson Proper by Compan	Brooks Rd tus						
Youther Henderson Trust		Land					
PART B SECONDARY SOURCES OF IN (If you have nothing to report	COME [Major customers, clients, you must write "none" or "n/a') businesses	owned by the reporting person]			
NAME OF NAME O	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Mchrager offices LLC 213	o McGragor Blud	Meal Estate	(leal Estate Lassing			
3 Communications, INC Vol	ced Bata Company	First St. DT FI.M	yeus L	elecommunication, 1 compo			
	Estate Neutel	126 Ct. (ontessa 451		FL Real Sofate			
PART C REAL PROPERTY [Land, building	ogs owned by the reporting person	122 ct. Contessa I					
(If you have nothing to report,)	92,93,94	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
Mildred Dr. US 41 and	f. Myeus	INSTRUCTIONS on who must file this formand how to fill it out					
122 Cf. Confessa & 126 (Lake Placial FL vocant SEE Afftehed Legal a		OTHER FORMS you may need to file are described on page 6.					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
EL Gulf Bank Stock		Personal SEP retiremed acct.						
T3 Communications Stock Loans		Ressond)					
First Commenty Boyle Stock		Personal	_	- "		·		
Disag Stock		Personal						
Bank of America Stock		Perional						
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF CREDITOR					ADDRESS OF CRE	DITOR		
Fla Galf BANK		First St	_ PC .	Ft , M	4216			
First Community Bank		hed Code	a Dr.					
Bank of America		First St. DT Ft. Myer						
Encore Bunk		Cy press	Lalu	Dr. 1	in fl			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3								
NAME OF BUSINESS ENTITY	T3 Communica	tule ENC	Corbi	in Hend	arem Co	·		
ADDRESS OF BUSINESS ENTITY	First St. DT	FM, FL	1404	Dean ?	H. Fun 3396 [·		
PRINCIPAL BUSINESS ACTIVITY	Voice + Data Company		Nea(State				
POSITION HELD WITH ENTITY	Director Vice Chair		Pres	CEO				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Agres 10%			%				
NATURE OF MY OWNERSHIP INTEREST	Shareholder		Shar	eholds	-			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required): Free. I below				DATE SIGNED (required): し ・ 子・ リ				
FILING INSTRUCTIONS:								
WHAT TO FILE: After completing all parts of this form, including signing, and dating it send back only the first on Ethics or a County Supervisor of Flei								

sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.Q. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

file within 30 days of the date of his or h appointment or of the beginning of emplo ment. Appointees who must be confirmed to the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following ea calendar year in which they hold their po tions.

Finally, at the end of office or employme each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment.