FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

į.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

Mailing Address

DENTON FRENCH & DANIEL, INC.

Mar 04 1998 8:00am Secretary of State

FILED

•									
9817 W HUMPHREY AVE #202 Tampa FL 33614		3817 W HUMPHREY AVE #202 Tampa FL 33614				DO NOT WRITE IN THIS SPAC	E .		
						3. Date Incorporated or Qualified			
						05/03/1971			
. Principal Place	of Business	2a. Mailing Address				4. FEI Number	Applied For		
ו ו		26	26			59-1352442	Not Applicable		
Suite, Apt. #, e	etc.	Suite, Apt. #, (Suite, Apt. #, etc.			Contificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip 29	30 Co.	untry	*********	8. This corporation owes or has paid the current personal Property Tax due June 30.			
-					10. Name and Address of New Registered Agen	ıt			
DENTON, ROBERT H					Name				
3817 W HUMPHREY AVE #202 TAMPA FLORIDA FL 33614				82	Street Address (P.O. Box Number is Not Acceptable)				
174MF4	A FLORIDA FL 33014			83					
				84	- ,	FL ⁸⁵			
4 D	no menuicione of Contione CO7	OFFICE and GOZ 1508 Florid	a Statutoe the a	hour	-named corn	oretion submits this statement for the nurnose of cha-	noina its realstered .		

rensularity of the provisions of Sections corrected and our 1906, Fronted Statutes, the above-manied corporation submits this statement for the purpose of changing its 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, typod or printed name of requisited agent and title if ap	plicable (NOTE F	Registered Agent signature	required when reinstating) DA	E	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	POST	DELETE	1.1 TITLE	DST	X Change	Addition .
NAME	DENTON, ROBERT H.		1.2 NAME	DENTON, ROBERT H.		
STREET ADDRESS	3817 W. HUMPHREY AVE. #202		1.3 STREET ADDRESS	3817 W HUMPHREY AVE #20	2	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33614		
TITLE	CD	X DELETE	2.1 TITLE		☐ Change	Addition
NAME	FRENCH, GORDEN S.		2.2 NAME			
STREET ADDRESS	3817 W HUMPHREY AVE #202		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP			
TITLE	V D	DELETE	3.1 TITLE	PD	Change	Addition
NAME	DANIEL, CLAY W		3.2 NAME	DANIEL, CLAY W		
STREET ADDRESS	3817 W HUMPHREY AVE #202		3.3 STREET ADDRESS	3817 W HUMPHREY AVE #20	2	
CITY-ST-ZIP	TAMPA FL 33614	115	3.4. CITY-ST-ZIP	TAMPA, FL 33614		
TITLE		☐ DELETE	4.1 TITLE	•	Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLÉ		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			* *
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			•
			CADITY OF 710			

14. I hereby certify that the information supplied with this filing 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 receivor 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.

(813) 933-1810