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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S08824 (2)**
1. Corporation Name:
DENN-BARB, INC.

Principal Place of Business: **2802 BEARSS AVENUE TAMPA FL 33613**
Mailing Address: **2802 BEARSS AVENUE TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/22/1990**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3033354**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributions: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under Section 194.04, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State, Apt. #, etc.: **22**
City & State: **23**
City: **24** Country: **25** State: **29** Zip: **30**

9. Name and Address of Current Registered Agent

**MCKEON, PAUL V
404 SOUTH WESTSHORE
TAMPA FL 33609**

10. Name and Address of New Registered Agent

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 607.0507 and 607.1506, 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 of person who is changing registered office or agent)

(Signature of New Registered Agent)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 1) | |
|----------------------------|--|---|---|
| NAME | PD GAROFALO, DENNIS J., SR. 2502 HIGH OAKS LN LUTZ FL | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STD BAROFALO, BARBARA J 2502 HILL OAKS LN LUTZ FL | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP GAROFALO, DANIEL F 2502 HIGH OAKS LN LUTZ FL | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP GANAFALO, DAVID J 2502 HIGH OAKS LANE LUTZ FL | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP ANNABITO, EDWARD 1632 PINTAL CT LUTZ FL | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

*v.p.
Bulluck, Todd Richard
2308 149th Ave E
Lutz FL 33549*

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.041(6)(b), 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 this 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 of this form and in an office listed with an address.

SIGNATURE: **Dennis J. Garofalo Sr.** 4/22/90 - 813-977-1777
SIGNATURE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR