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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60572

(2)

DENNIS INSURANCE AGENCY, INC.

FILED								
May	11	1998	8:00am					
Sec	ret	ary of	State					

Principal Place of Business Mailing Address			I REDIVIDAD TAB EKNIK ODNIAN BANIK NOKAR KIRIN DIBIR	DIONE DEBLIC DIENE DIONE DIONE NA DE		
1022 LAND OLAKES BLVD 1022 LAND		1022 LAND O LAKES BLV	NO O LAKES BLVD			
LUTZ FL 335	18	LUTZ FL 33549			DO NOT WORK IN THE	110 00 100
บร		US			DO NOT WRITE IN TH	IIS SPACE
					06/14/1991	
2. Principal P	lace of Business	2a. Mailing Address		·	4, FEI Number	Applied For
21		26			59-3095025	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	0		Trust Fund Contribution	Added to Fees
24	<u>├</u>	Zip	Country	4	8. This corporation owes or has paid the	' '
29]	25 9. Name and Address of Curre		30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
ne.	NNIS, RALPH E., SR.		81	Name	10, Haine and Address of New Hegister	on wholif
	22 LAND O LAKES BLVD					
LUTZ FL 33549			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
	12 12 00015		83			
			84	City	F	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statute e of Florida, Such change was a	s, the abov	e-named corp y the corporati	oration submits this statement for the purposion's board of directors. I hereby accept the	e of changing its registered appointment as registered
ayent. ra	m familiar with, and accept the obliq	gations of, Section 607.0505, Floi	rida Statute	S.		
SIGNATURE	Signature, typed or printed name of registered as	gent and tille if applicable (NOTE	Registered Age	ent signature require	ed when reinstating) DAT	<u> </u>
12.	OFFICERS AN	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVT	☐ DELETE	1.1 TITLE			Change Addition
NAME	DENNIS, RALPH E., SR.		1.2 NAME			
STREET ADDRESS	1022 LAND O LAKES BLVD		1.3 STREET	ADDRESS		
CITY-ST-ZIP	LUTZ FL		1.4 CITY-S	ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE			Change Addition
NAME	DENNIS, RALPH E., SR.		2.2 NAME			
STREET ADDRESS	1022 LAND O LAKES BLVD		2.3 STREET	ADDRESS		
CITY-ST-ZIP	LUTZ FL	T Driett	2. 4 City-	ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE			☐ Change ☐ Addition
NAME CZDCCZ ADDOCCO			3.2 NAME			
STREET ADDRESS			3 3 STREET			
CITY-ST-ZIP TITLE		DELETE	34. CITY-1	51 - ZIP		Change Addition
NAME		C DULL IC	4 1 111LE 4 2 NAME			Change Addition
STREET ADDRESS				apparer		
CITY-ST-ZIP			4.3 STREET 4.4 City - S	ı		
TITLE		DELETE	5.1 TITLE	1-217		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELETE	6.1 TITLE	4 44	<u> </u>	Change Addition
NAME		-	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
	artify that the information completed a	with this films show and an all file			P6 440 07(0)() FI14- 0	

Interest certify that the information supplied with this thing 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 supplied indicated on this 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 in the processing 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

IGNATURE TABLE DOWNIS BY BINNEY F. DENNIS SP. 438-98 949-1.480