

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60572

1. Corporation Name

DENNIS INSURANCE AGENCY, INC.

Principal Place of Business

1022 LAND O LAKES BLVD
LUTZ FL 33549
US

Mailing Address

1022 LAND O LAKES BLVD
LUTZ FL 33549
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90001 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1991

4. FEI Number

59-3095025

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

DENNIS, RALPH E., SR.
1022 LAND O LAKES BLVD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

DENNIS, RALPH E., SR.

82 Street Address (P.O. Box Number is Not Acceptable)

19209 N. HWY. 41

83

84 City

LUTZ, FL

85 Zip Code

33549

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 RALPH E. DENNIS SR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVT	<input checked="" type="checkbox"/> DELETE
NAME	DENNIS, RALPH E., SR.	
STREET ADDRESS	1022 LAND O LAKES BLVD	
CITY-ST-ZIP	LUTZ FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DENNIS, RALPH E., SR.	
STREET ADDRESS	1022 LAND O LAKES BLVD	
CITY-ST-ZIP	LUTZ FL	
TITLE	PVT	<input type="checkbox"/> DELETE
NAME	DENNIS, RALPH E. SR.	
STREET ADDRESS	19209 N. HWY. 41	
CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENNIS, RALPH E. SR.	
STREET ADDRESS	19209 N. HWY. 41	
CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ralph E. Dennis* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-949-6480

CR2E034 (1/98)