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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **256926** **(7)**

1. Corporation Name
DENSLOW, INC.

Principal Place of Business	Mailing Address
% ROBERT L. KEMP, CPA. PURVIS, GRAY & CO. P.O. BOX 23999 GAINESVILLE FL 32602	% ROBERT L. KEMP, CPA. PURVIS, GRAY & CO. P.O. BOX 23999 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/15/1962	05/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-0965354** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEMP, ROBERT L., CPA 222 NE 1ST ST GAINESVILLE FL 32601	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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, PATRICIA	1.2 NAME	
STREET ADDRESS	13604 AV DEL CHARRO	1.3 STREET ADDRESS	
CITY-ST-ZIP	EL CAJON CA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HANSEN, ERIK D.	2.2 NAME	
STREET ADDRESS	202 S CALDWELL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BREVARD NC	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S ☐ Change ☐ Addition
NAME	DENSLOW, D. ROSS	3.2 NAME	DENSLOW, D ROSS
STREET ADDRESS	~~9739 122ND WAY N~~ P.O. BOX 10	3.3 STREET ADDRESS	P.O. BOX 10
CITY-ST-ZIP	~~SEMINOLE FL~~ SAPPHIRE NC 28774	3.4 CITY-ST-ZIP	SAPPHIRE NC 28774
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DENSLOW, DAVID A., JR.	4.2 NAME	
STREET ADDRESS	3515 NW 7TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DENSLOW, DAVID A. S	5.2 NAME	
STREET ADDRESS	1925 NW 43RD ST APT 77	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HANSEN, HESTER D.	6.2 NAME	
STREET ADDRESS	P.O. BOX 10 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAPPHIRE NC	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: David Denslow Jr. DAVID DENSLOW JR 2-25-95 (904) 352-0171
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411032 FP