PROFIT CORPORATION ANNUAL REPORT

1998



Steve D. Bennett

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 459992

(4)

FILED Apr 06 1998 8:00am Secretary of State

April 01/98

813-689-2071

DENNE	II ELECTRIC	a suns, inc.						
Principal Place of Business Mailing Address								-{
2019 117104 0	INFOREST BOAD		PΛ	P. O. BOX 1069				
2013 LITHIA PINECREST ROAD VALRICO FL 33594				VALRICO FL 33594-1069				00 1107 1170 1771 117 00 107
US				US				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified	
2. Principal Pl	lace of Business	20 M	n. Mailing Address				08/21/1974 4. FEI Number Applied For	
21	ace of Dosifiess	26					59-1554102 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$9.75 Additional	
22		27					5. Certificate of Status Desired Fee Required	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23			28 Valeno 714					Trust Fund Contribution
Zip Country			Zip Country			try		8. This corporation owes or has paid the current year Intangible
24	25		29 33595.100 30 U			<u>'S</u>		Personal Property Tax due June 30. Yes No
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
BENNETT, STEVE							ame	
PO BOX 1069						82 Street Address (P.O. Box Number is Not Acceptable)		
VALRICO FL 33595								
					[1	B3		
					<u>}</u>	84 C	ity	85 Zip Code
]	~ ~	"',	FL s zp 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 Signature, tysed or printed name of registernal exert and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	Signature, typed or prin	OFFICERS AND			13.	Agent si	gnature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	OF TIDE NO AIRES	Directo	DELETE	1.1 THE	F		SHEVE D. BENNETT & Change Addition
NAME	BENNETT.ST	EVE			1.2 NA		}	Stere D. Denne
STREET ADDRESS		PINECREST RD.				EET ADO	AFSS	
CITY-ST-ZIP	VALRICO FL	THEOREGIA.				/- ST- ZI		
TITLE	SD			DELETE	2.1 111			☐ Change ☐ Addition
NAME	BENNETT, E	VELYN P.			2.2 NA	AE	1	
STREET ADDRESS		PINECREST RD.			2.3 STF	EET ADD	RESS	
CITY-ST-ZIP	VALRICO FL					Y-ST-Z	· · · I	
TITLE				DELETE	3.1 TITU			P-D- Change Addition
NAME					3.2 NA	AE	<	CLAVE IT REMUETT
STREET ADDRESS					3.3 STR	EET ADD	RESS	9070 F
CITY-ST-ZIP					3.4 CIT	Y-ST-2	IP #	Stave J. Bennett 9820 Ginger Dene RIVERUSEW 71 33569 Change Addition
TITLE		~		DELETE	4,1 7(1)			Change Addition
NAME					4. 2 NA	ME	- 1	
STREET ADDRESS					4.3 STR	EET ADD	RESS	
CITY-ST-ZIP					4.4 CIT	r-ST-ZI	P	
TITLE				☐ DELETE	5.1 T/TI		<u> </u>	Change Addition
NAME					5.2 NAI	AE		
STREET ADDRESS					5.3 STR	EET ADO	RESS	
CITY-ST-ZIP	<u></u>				5.4 CIT	Y-ST-ZI	P	
TITLE				DELETE	6.1 1/71	E		Change Addition
NAME					6.2 NA	AE .	}	
STREET ADDRESS					6.3 STR	EET ADD	RESS	
CITY-ST-ZIP						/-ST-ZI		
14. I hereby o	ertify that the info	rmation supplied with	this filing	g does not qualify f	or the exer	notion	stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information
Indicated officer or o	on this annual rep director of the cor	port or supplemental a poration or the receive	annual re rer or trus	port is true and acc	curate and execute 1	that n	ny signature ort as requi	e shall have the same legal effect as if made under oath; that I am an ired by Chapter 607, Florida Statutes; and that my name appears in
Block 12 d	or Block 13 if cha	nged, or on an attach	ment with	n an address.	17-		~	and the second s