PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 673971

1. Corporation Name

DENU U	r ine niven, inc.		Ŋ	-							
Dringing! Place	o of Business	Mailing Address		-		1	1 (08)(0 0)(21 1 3000 (2)(3 13 (4) 1 400	i ildi bibli bib	H OKUU AKUKI O	ALL BURN (BB)	
Principal Place of Business Mailing Address P.O. DRAWER 1441 P.O. DRAWER 1441 ST. PETERSBURG FL 33731-1441 ST. PETERSBURG FL 33731-1441			1441								
St. FEIERODONG FE 30/01-1441				•			DO NOT WRITE IN THIS SPACE				
i ' <u>.</u>					`*		Date Incorporated or Qualifed 06/17/1980				
2. Principal P	lace of Business	2a. Mailing Address			_		FEI Number		Apr	olied For	
21		26		,			NOT APPLICABLE		Not	Applicable	
_Suite, Apt.	#, etc.	Suite, Apt. #, etc.						☐ ~~~ ≈	\$8.75 A		
22		27				3 .	Certificate of Status Desired		Fee Red	quired	
City & State	e	City & State				6.	Election Campaign Financing	П	\$5.00	May Be	
23		28					Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Coun	itry		8.	This corporation owes the curre				
24	25	29 3	0		_	<u>L</u> _	Personal Property Tax.	_		□No	
	9. Name and Address of Current	Registered Agent		04	N	10.	Name and Address of New Re	gistered A	gent		
HAD	DIS THOMAS M			81	Name		•			ļ	
HARRIS, THOMAS M. 150 2ND AVE N., SUITE 1500				82 Street Addr			.O. Box Number is Not Acceptab	de)		_	
P.O. BOX 1441							<u> </u>				
	PETERSBURG FL 33731-1441			83						1	
31. FEIENSBURG FE 33/31-1441			ļ	84	City	FL 85 Zip Code			ode		
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	, the ab	ove-	named corpor	ration	submits this statement for the p	urnose of c	hanging its	registered	
office or n	registered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	ากตรคด	nv ti	he corporation	's bo	ard of directors. I hereby accept	the appoin	iment as reg	jistered	
SIGNATURE							 				
	Signature, typed or printed name of registered agent			Agent	signature required v		einstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	DG IN 12	
12.	OFFICERS AN	D DIRECTORS DELETE	13.				ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition	
	HAILEY, LETITIA S.	D precit	1.2 NAM							_	
NAME	265 MEDLIN RD.	•	1		- DODGGG					4	
STREET ADORESS	FRANKLIN NC	•	1.3 STREET ADD								
CITY-ST-ZIP	TVD	☐ DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		ZIP		· · · · · · · · · · · · · · · · · · ·		Change	[Addition	
TITLE	–	C occere							+ 3		
NAME	HAILEY, ROBERT H., JR. 265 MEDLIN RD		2.2 NAME								
STREET ADORESS	FRANKLIN NC		L		ADODECC					\	
CITY-ST-ZIP	: regiverne in the contract of		2.3 STR	REETA	ADORESS						
mle			2.3 STR 2.4 CIT	REET A					☐ Change	Addition	
NAME		DELETE	2.3 STR 2.4 CIT 3.1 TITL	REET# IY-ST					☐ Charige	Addition	
NAME ,		□ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	REET A TY-ST LE ME	-ZIP				☐ Change	Addition	
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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 trusted 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, provide a statute of the corporation of the corpo

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90038 024 ***150.00