

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 # 684131

1. Corporation Name  
DENNIS DISTRIBUTIONS, INC.

Principal Place of Business

807 US 27 N  
DELL LAKE VILLAGE, LOT 11 GREENHAVEN ROAD  
DUNDEE FL 33838  
US

Mailing Address

% PATRICIA S. KELLER: P.O. BOX 571  
807 US 27 N  
DUNDEE FL 33838  
US

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90090 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1980

4. FEI Number

36-3081384

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 ☐

2. Principal Place of Business

21 807 US 27-N

Suite, Apt. #, etc.

22

City & State

23 DUNDEE FL

Zip 33838 Country

24

2a. Mailing Address

26 P O B O X 571

Suite, Apt. #, etc.

27

City & State

28 DUNDEE FL

Zip 33838 Country

29 30

9. Name and Address of Current Registered Agent

KELLER, PATRICIA S.  
807 US 27 N  
DUNDEE FL 33838

10. Name and Address of New Registered Agent

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

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 D ☐ DELETE

NAME KELLER, PATRICIA S  
STREET ADDRESS DELL LAKE VILLAGE LOT11  
CITY-ST-ZIP DUNDEE FL

TITLE VS ☐ DELETE

NAME KELLER, PATRICIA S  
STREET ADDRESS DELL LAKE VILLAGE, LOT  
CITY-ST-ZIP DUNDEE FL

TITLE PT ☐ DELETE

NAME DENNIS, TIMOTHY A  
STREET ADDRESS 2240 LAKE DAISY RD  
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

PATRICIA S. KELLER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA S. KELLER

Date

Daytime Phone #

4-5-99 41-439-6773

CR2E034 (11/98)