FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:42

DOCUMENT # **F01474** **(8)**

1. Corporation Name
DENOMME REALTY, INC.

Principal Place of Business	Mailing Address
3251 TAMIAMI TR. P.O.BOX 2189 PORT CHARLOTTE FL 33949-9189	3251 TAMIAMI TR. P.O.BOX 2189 PORT CHARLOTTE FL 33949-9189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1980**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2028925** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
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
NORUS, GERALDINE M. 3251 S TAMIAMI TRAIL PORT CHARLOTTE, FLA 33952	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: Geraldine M. Norus 1-9-95
(Signature Typed or Printed Name of Registered Agent & Title, if Officer) (NOTE: Registered Agent's signature required when reinstated) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	☐ Change ☐ Addition
NAME	NORUS, GERALDINE	12 NAME	
STREET ADDRESS	2357 ACHILLES ST.	13 STREET ADDRESS	
CITY ST ZIP	PT CHARLOTTE, FL 00000	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NORUS, GERALDINE	22 NAME	
STREET ADDRESS	2357 ACHILLES ST	23 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Geraldine M. Norus 1-9-95 813-629-7526
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Daytime Phone #)