FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F14637 (5)					
C. H.	DENNY CORP.			4 1041100 1101 1101 0101 01010 01100 111	11 4801 \$1814 \$1811 B1611 \$161 B181] \$1611 1861
Principa! Place	of Business	Mai'ing Address		A COUNTRY FIRM DIGITAL DIGITAL DISTRICT PRO	EL SMBT MIBIT BIBIT MIBIT BIBIT BIBIT BIBIT MIBIT
6624 SW 37 WAY P.O. BOX 1064 GAINESVILLE FL 32608		6624 SW 37 WAY P.O. BOX 1084 GAINESVILLE FL 326	ne.		
OMINEDVILL	L 1 L 02000	OMMEDIAL IL GEO	~	3. Date Incorporated or Qualified 01/13/1981	3a. Date of Last Report 05/01/1995
2. Principal Pla	oe of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State		Election Comparing Empresing	Fee Required \$5.00 May Be
City & State		28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	8. This corporation has liability for in Florida Stalutes Yes	ntangible tax under s 199.032,
24	25 9 Name and Address of Current	29 t Registered Agent	[30]	10. Name and Address of New Re	
	3.		81 Name		
	r, Charles III		82 Street Addre	ess (P.O. Box Number is Not Acceptable	е)
	SW 37TH WAY		В3		
GAINE	SVILLE FL 32608		84 City		85 Zip Code
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such change was authorize	s, the above-named corpora id by the corporation's board	ation submits this statement for the purp of directors. I hereby accept the appo	cose of changing its registered office continuent as registered agent. I am
SIGNATURE _		evol.	e: Progretered Agent signature required	without spirit they?	DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TOLE	DP	☐ DELETE	1. 1 TITLE		Change Addition
NAME	DENNY, CHARLES H, III		1.2 NAME		
STREET ADDRESS	6624 S.W. 37 WAY		13 STREET ADDRESS		
C(TY - S1 - Z(P	GAINESVILLE, FL 00000	- Paritie	1.4 CHY · ST - ZIP		Change Addition
TITLE		☐ DEFELE	2 1 TITLE		Change [Roution
NAMē			2 2 NAME 2 3 STREET ADDRESS		
STREET ADDRESS			2 4 CITY - ST - ZIP		
CITY-ST-7IP TITLE		DELETE	3.1 Tifle		Change Addition
NAME			3 2 NAME		ļ
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
SIREEL ADDRESS			4.3 STREET ADDRESS		
C-TY-ST-Z-P		D DOLETE	4.4 C(1Y - S1 - Z(P		Change Addition
11TLE		☐ DELETE	5 1 TITLE		C) burnings C) sommings
NAME OUNCEL ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5 4 City-SI-ZIP		
CITY-ST-2IP		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
City - SI - 7:P			6 4 CITY - ST - ZIP		
14. I do hereb	by certify that the information supplied	with this filing is voluntarily furn	ished and does not qualify for	or the exemption stated in Section 119.	.07(3)(k), Florida Statutes. I further

receipt 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 cath; 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 cath; 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 clyinged, or on an attachment with an address.

SIGNATURE: .

4-11-96 352-372-8140