PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F25582

1. Corporation Name

DENNEY DEVELOPMENT, INC.

Prir	cipal Place of Business
^~-	MOROON COMPT

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90157 016 ***150.00



				1 6 1611 81811 1881	
Principal Place of Business	Mailing Address				
695 JACKSON COURT SATELLITE BEACH FL 32937	695 JACKSON COURT SATELLITE BEACH FL 32937		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 03/17/1981		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
ral .	26		59-2089398	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			E Cortifonto of Statue Desired	Additional Required	
City & State	City & State			May Be to Fees	
Zip Country		untry	8. This corporation owes the current year Intangible Personal Property Tax.	□No	
9. Name and Address of Curre		T	10. Name and Address of New Registered Agent		
		81 Name			
DENNEY, FLOYD C. 695 JACKSON COURT		82 Street Address (P.O. Box Number is Not Acceptable)			
SATELLITE BEACH FL 32935		83			
		84 City	FL 85 Zip	Code	
 Pursuant to the provisions of Sections 607.09 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig 	e of Florida. Such change was authorize	ed by the corporati	poration submits this statement for the purpose of changing it on's board of directors. I hereby accept the appointment as i	is registered registered	
SIGNATURE			DATE		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ___ Addition □ DELETE 1.1 TITLE TITLE **ELLIOTT, JILL DENNEY** 1.2 NAME NAME 3945 PINE CONE RD 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 1.4 CITY- ST- ZIP CITY-ST-ZIP ☐ Change Addition Addition ☐ DELETE TITLE 2.1 TITLE DENNEY, FRANCES J. 2.2 NAME NAME 695 JACKSON CT 2.3 STREET ADDRESS STREET ADDRESS SATELLITE BCH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE VP TITLE 3.2 NAME DENNEY, FLOYD, JR. NAME 3.3 STREET ADDRESS 112 TERRY ST. STREET ADDRESS INDIAN HRBOR BCH. FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE DENNEY, CLIFFORD W. 4. 2 NAME NAME 115 NORWOOD ST. 4.3 STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL 4.4 CMY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

CR2E034 (11/98)