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PROFIT CORPORATION ANNUAL REPORT 1999:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name G67430

DENLINGER, INC.

Principal Place	e of Business	Mailing Address			() () () () () () () () () ()		911 01011 01011 01211 0	
220 2ND ST SW 220 2ND ST SW WINTER HAVEN FL 33880 WINTER HAVEN FL 33880					DC	NOT WRITE IN T	HIS SPACE	
		•			3. Date Incorporated (or Qualifed	,	÷. •
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 26					59-2337053			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status	Desired	\$8.75 A	
City & State City & State					6. Election Campaign		\$5.00	
23 28		Country		Trust Fund Contrib	ition	Added t	o Fees	
Zip			一	<i>,</i>	8. This corporation ov Personal Property	•		(XNo
24	9. Name and Address of Current	<u> </u>	30]		10. Name and Addres			
	TO THE MAN AGENT OF THE PARTY O		81	Name				
DENLINGER, HARRY R			82 Street Addr		ess (P.O. Box Number is Not Acceptable)			• •
	TER HAVEN FL 33880		83					
			84	City	135_1x, 75 5 255	Personal State of the State of	85 Zip 0	Code
548 1100 18 6		1007 4500 El 41- O4-14-	<u> </u>		maration automita this states	ant for the number	e of changing its	registered
office of	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida. Such change was au	thorized by	the corpora	tion's board of directors. I he	ereby accept the ap	opointment as re	gistered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Siaiules		eired when reinstating)	DATE		
agent. I a	rm familiar with, and accept the obligation Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE:	da Siaiules		<u> </u>	DATE	S AND DIRECTO	RS IN 12
agent. I a	Im familiar with, and accept the obligation	and title if applicable. (NOTE:	Registered Age		ired when reinstating) / [133-3]	DATE		
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90007 033 ***150.00

941-293-6268