

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J22073 (7)

1. Corporation Name

DEN-COR, INC.

Principal Place of Business

P O Box 6572
Ocala, FL 34478
US

Mailing Address

P O Box 6572
Ocala, FL 34478
US

3. Date Incorporated or Qualified

06/27/1986

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2694276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29. Country

9. Name and Address of Current Registered Agent

Jenkins, Dennis L.
3859 SE 46th Place
Ocala, FL. 34480

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 of person printing name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	Jenkins, Dennis L.	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	3859 SE 46th Place	
12.3	CITY-STATE-ZIP	Ocala, FL. 34480	
12.4	NAME		<input type="checkbox"/> DELETE
12.5	STREET ADDRESS		
12.6	CITY-STATE-ZIP		
12.7	NAME		<input type="checkbox"/> DELETE
12.8	STREET ADDRESS		
12.9	CITY-STATE-ZIP		
12.10	NAME		<input type="checkbox"/> DELETE
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	NAME		<input type="checkbox"/> DELETE
12.14	STREET ADDRESS		
12.15	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME		
13.3	STREET ADDRESS		
13.4	CITY-STATE-ZIP		
13.5	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME		
13.7	STREET ADDRESS		
13.8	CITY-STATE-ZIP		
13.9	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME		
13.11	STREET ADDRESS		
13.12	CITY-STATE-ZIP		
13.13	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME		
13.15	STREET ADDRESS		
13.16	CITY-STATE-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

300002161093
-05/01/97--01004--053
***165.00

4/29/97 (352) 351-2792

CR2E034 (9/96)