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PROFIT: CORPORATION' ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J52381 1. Corporation Name

DENNIS MOFI BOY ENTERPRISES INC

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90109 047 ***150.00

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Principal Place	e of Business	Mailing Address]		B1 01011 01011 01011 01	
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FROSTPROOF FL 33843		FROSTPROOF FL 33843					SO NOT WOITE II	N THE COACE	
						<u> </u>	DO NOT WRITE II	N THIS SPACE	
	, •					3. Date Incorp 01/15/19	orated or Qualifed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	r ,		Applied For
1	*	26				59-27586	342		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				F 0-45-4-	f Status Desired	\$8.7	5 Additional
2		27				5. Certificate of	i granda pèsinen i L	Fee	Required
City & Stat	ie .	City & State				6. Election Ca	mpaign Financing	\$5.0	0 May Be
3	•	28				Trust Fund	Contribution	J Add	ed to Fees
Zip	Country	Zip	Coi	untry		8. This corpora	ation owes the current y	year Intangible	•
4	25	29	30			Personal Pr	operty Tax.	☐ Yes	□No
1	9. Name and Address of Curren					10. Name and	Address of New Regis	stered Agent	
				81 Nan	пе				
	ELROY, L. DENNIS			82 Stre	ot Addro	no (D.O. Poy Nuo	nber is Not Acceptable)		
P.O.	BOX 144			62 Sile	et Addre:	SS (P.O. DOX NUII	iliber is Not Acceptable)	,	•
FRO	STPROOF FL 33843	•		83		•		ì	
				84 City		-	, ,	FL 85 2	ip Code
11: Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	utes, the a	sbove-nam	ed corpor	ration submits this	s statement for the purp	pose oi chariging e annointment a	registered
SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the obligation of the state	cor 11		d Agent signate	1 XLM	when reinstating)	s statement for the purpors. I hereby accept the	DATE	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE: Registere	d Agent signate	1 XLM	when reinstating)	LIOY 4	DATE ERS AND DIREC	
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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 only an attachment with an address with all other like empowered.

SIGNATURE: _