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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K00872

(7)

DENNIS BUILDING & DEVELOPMENT CO., INC.

Principal Place of Business Mailing Address						-{					
243 W. MAIN ST 243 W. MAIN ST APOKA FL 32703-5144											
APOKA FL 32	nus	APOKA	rt 32/03-5144								
							3. Date Incorporated or Qualified		te of Las	•	
							11/03/1987	01/	26/199	6	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For	
21		26	<i></i>				59-2853338			Not Applicable	
Surte, Apt 22	#, etc.	Suite 27	Suite. Apt. #. etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Star	te	· · ·	City & State				6. Election Campaign Financing Trust Fund Contribution				
<b>Ζ</b> φ <b>24</b>	Country	Zip		30 Cou	ıntry	,	This corporation has liability for Florida Statutes				
24	25 9. Name and Address of Cu		Anent	30			10. Name and Address of New Re				
			, igoilt		81	Name	io, radino and radiose of the in	giotorou ,		**************************************	
	SCICKI, DENNIS				L						
243 W MAIN ST APOPKA FL 32703					82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
					83						
					84	City		FL	85 Z	ip Code	
agent 13 SIGNATURE	am familiar with, and accept the c					S. ant signature /equire	on's board of directors. I hereby acce	DATE			
12.		AND DIRECTORS		13.	- 0-		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12	
Ditt	D		DELETE	1.1 TI	TLE				Chang		
NAME	KOSCICKI, DENNIS			1.2 N	AME						
STREET ADDRESS	243 W. MAIN ST			1.3 S	TREET	ADDRESS					
City - S* - ZiP	APOPKA FL					IT-ZIP					
TITLE			DELETE	2.1 11					Chang	ge Additio	
NAME				2.2 N	AME	1					
STREET ADDRESS				2.3 S	TREET	ADDRESS					
City - St - ZIP				2.40	STY-!	ST - ZIP					
TITLE			DELETE	3.1 7					☐ Chang	ge Addition	
NAME				3.2 N	AME						
STREET ADDRESS				338	TREET	ADDRESS					
CITY - ST - ZIP						ST-ZIP					
TITLE			DELETE	4.1 TI					Chang	ge 🔲 Additio	
NAMÉ				4.21	IAME						
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP						ST-ZIP					

14. I do hereby certily 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 open an attachment with an address.

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

**5 3 STREET ADDRESS** 

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TILLE

NAME

TITLE

NAME STREET ADDRESS

STHEET ADDRESS CITY - \$1 - 7-9

1/98/97 407-880-313

Change

Change

\_\_\_ Addition

Addition

**FILED** 

Feb 07 1997 8:00am

Secretary of State