

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90022 004 ***150.00

DOCUMENT # **P28494**

1. Corporation Name
DENNY'S REALTY, INC.



Principal Place of Business
**203 E. MAIN STREET
SPARTANBURG SC 29319
US**

Mailing Address
**203 E. MAIN STREET
P-11-1
SPARTANBURG SC 29319
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1990

4. FEI Number

93-1018443

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMERICK, GRANT L	
STREET ADDRESS	203 E. MAIN STREET	
CITY-ST-ZIP	SPARTANBURG SC 29319	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, C. R	
STREET ADDRESS	203 E. MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	BARRETT, ROBERT M	
STREET ADDRESS	203 E. MAIN STREET	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	NELL, ROSS B	
STREET ADDRESS	203 E. MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	HUTCHISON, RONALD B	
STREET ADDRESS	203 EAST MAIN ST	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	PARISH, RHONDA J.	
STREET ADDRESS	203 E. MAIN STREET	
CITY-ST-ZIP	SPARTANBURG SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAMrick, Grant L.
1.3 STREET ADDRESS	128 S Tryon St.
1.4 CITY-ST-ZIP	Charlotte, NC 28202
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP/T Kenneth E. Jones
2.3 STREET ADDRESS	203 E. Main St.
2.4 CITY-ST-ZIP	Spartanburg, SC 29319
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	29319
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	29319
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P/D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	29319
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	29319

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE:

Jeffrey M. Rhines **Jeffrey M. Rhines, Asst. Sec.** 1/7/99 864/597-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)