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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY-S1-712

DOCUMENT # P93000023001 (9)

DAVID B. DENTON, P.A.

Principal Place of Business Mailing Address					4 TOOKIDER ING NEKER HINI OOTHY GENEL DOMO HAND HAND BRINL BOTTA DOMO ING HAD ING			
5607 26TH STR BRADENTON FL US			5607 26TH STREET WEST BRADENTON FL 34207-3516 US					
					3. Date incorporated or Qualified 03/25/1993	3a. Date of I 02/19/19		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0402903	Not Applicable		
Suite, Apt #. etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	·············		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζιρ 24	Country 25	Zip 29	30	ountry	8. This corporation has liability for in Florida Statutes	ntangible tax ur Yes 🄀 No	der s. 199.032,	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	pistered Agent		
DEN	ton, david B.			81 Name				
5607 26TH STREET WEST Bradenton FL 34207				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
				84 City	······································	FL 85	Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change wa	as authoriz	ed by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urnose of chan	ging its registered ant as registered	
SIGNATURE	Signature, typed or ponted name of registered ag-			red Agent signature requ		DATE		
12.		ID DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	DPST	☐ OELETE		TITLE		□ C		
NAME	DENTON, DAVID B		1.2	NAME				
STREET ADDRESS	1524 BAY POINT DR.		1.3	STREET ADDRESS				
City-St-ZiP	SARASOTA FL 34236		1.4	CITY-ST-ZIP				
TITLE		DELETE	2.1	TITLE		c	hange Addition	
NAME			2.2	NAME				
STREET ADDRESS			2.3	STREET ADDRESS				
CITY-ST-ZIP			2.	CITY-ST-ZIP				
TITLE		☐ DELETE	3.1	TITLE		□ c	hange 🔲 Addition	
NAME			3.2	NAME				
STREET ADORESS			3.3	STREET ADDRESS				
CITY-ST-ZIP			3.4	CITY-ST-ZIP				
TITLE		DELETE	4.1	TITLE		LJ C	hange L. Addition	
NAME			4. :	2 NAME				
STREET ADDRESS			4.3	STREET ADDRESS				
CITY- ST-ZIF				CITY-ST-ZIP				
THLE		DELETE	51	TITLE		□ c	hange	
NAME			52	NAME				
STREET ADDRESS			5.3	STREET AODRESS				
CITY-ST-ZIP		·····	5.4	CITY-ST-ZIP				
TITLE		☐ DELETE	. 6.1	TITLE		□ c	hange L Addition	
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET ADDRESS				

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 or an attachment with an address.

6.4 CITY - ST - ZIP