

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000034876 (0)

1. Corporation Name

DENRON, INC.



Principal Place of Business:

2500 BLANDING BLVD #300  
MIDDLEBURG FL 32068

Mailing Address:

2500 BLANDING BLVD #300  
MIDDLEBURG FL 32068

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 RT 1 BOX 899 QUAIL RD.

27 City & State

28 Callahan FL

29 Zip

30 U.S.A.

9. Name and Address of Current Registered Agent

HOPPER, DENISE M  
2500 BLANDING BLVD #300  
MIDDLEBURG FL 32068

3. Date Incorporated or Qualified  
05/05/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-3239326

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 has liability for intangible tax under s. 190.032,  
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

(Signature of Agent and any other registered agent, if any)

(Signature of Officer or Director, if any)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | P                     | <input type="checkbox"/> DELETE |
| NAME           | HOPPER, DENISE M      |                                 |
| STREET ADDRESS | RT 1 BOX 899 QUAIL RD |                                 |
| CITY-ST-ZIP    | CALLAHAN FL           |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE           |                                                                   |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE           |                                                                   |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE          |                                                                   |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE          |                                                                   |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

SIGNATURE:

Denise M. Hopper  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise M. Hopper 4-16-96

904-733-7480

CR2E034 (12/95)