FILED

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000067671

1. Corporation Name

DENNIC COEE & CONC. INC

DEININIO	GOFF & SUNS, INC.							
Principal Place	of Business	Mailing Address				#118 #1111 (##1# #1111	(888) (18) (88)	
24239 YACHT CLUB BLVD 24239 YACHT CLUB BLVD						-		
PUNTA GORDA FL 33955 PUNTA GORDA FL 33955					DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualifed	TIIS SIFACE		
					09/12/1994			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	plied For	
<u></u>					65-0517703	N _i	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired ·		Additional	
22		27			5. Certificate of Otatas Bosinos	Fee Re	equired-	
City & State	>	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Country		This corporation owes the current year Personal Property Tax.	r Intangible	₩0	
24	9. Name and Address of Currer	29 30	<u> </u>		10. Name and Address of New Registe			
	9, Name and Address of Curren	it Kedisteren Wantt	81	Name	10			
OAKS, DAVID K 252 W MARION AVE PUNTA GORDA FL 33950			-	O4: 6 ala	A CO D A Locio Not Accordable			
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
			84	City		FL 85 Zip	Code	
SIGNATURE	Signature, typed or printed name of registered age			t signature require	ed when reinstating) . DAT			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition	
TITLE	PD DENING	☐ DELETE	1.1 TITLE			Citalige		
NAME	GOFF, DENNIS		1.2 NAME		<i>;</i>			
STREET ADDRESS	24239 YACHT CLUB BLVD		1.3 STREET					
CITY-ST-ZIP	PUNTA GORDA FL 33955	DELETE	1.4 CITY-S' 2.1 TITLE	1-ZIP		☐ Change	Addition	
TITLE	T GOFF, JASON S	C Detect	2.2 NAME	1				
NAME STREET ADDRESS	24239 YACHT CLUB BLVD		2.3 STREET	ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL 33955		2. 4 CITY- S					
TITLE	S	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	GOFF, DENNIS C		3.2 NAME					
STREET ADDRESS	1432 WOODLAWN AVE		3.3 STREE	FADDRESS		•		
CITY-ST-ZIP	PUNTA GORDA FL		3.4. CITY-5	T-ZIP			(PP) a delition	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS		•		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP		☐ Change	Addition	
TITLE		C Defete	5.1 IIILE 5.2 NAME			, , .		
NAME				TADORESS	•		•,"	

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 on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

___ Addition