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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024530

THOMAS C. DENSLOW, P.A.

Mailing Address Principal Place of Business 2013 RIVERVIEW BLVD. 2813 RIVERVIEW BLVD. **BRADENTON FL 34205** BRADENTON FL 34205

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90066 012 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/27/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0584648 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible □Nn 29 30 Personal Property Tax. 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DENSLOW, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 2813 RIVERVIEW BLVD. **BRADENTON FL 34205** 83 Zip Code 85 84 City 11. Pursuant to the provisions of office or registered agent, or 502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered gations of, Section 607.0505, Florida Statutes. agent. I am fan SIGNATURE (NOTE: Registered Agent signature require and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE Change 1.1 TITLE TITLE DENSLOW, THOMAS C 1.2 NAME NAME 2813 RIVERVIEW BLVD 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETÉ 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition TITLE □ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of 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 cha with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)