43° X

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040160

HARRELSON / DENO, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90131 025 ***150.00



Principal Place of Business Mailing Address												
5408 7TH STREET 5408 7TH STREET						İ						
ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540							DO NOT WRITE IN THIS SPACE					
us us							3. Date incorporated or Qualified					
						3.	05/22/1995	,			ł	
2. Principal Place of Business 2a. Mailing Address						-	FEI Number	_ 	T T	Applied For	1	
-i ·	ace of Business		26			*	59-3317643		<u> </u>	Not Applicable	1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-				5 Additional	1_	
Stitle, Apr. #, etc.		—	27			5.	Certificate of Status Desire	d 🗆		Required.	ļ	
City & State			City & State			- E	Election Campaign Finance	na	\$5.0	0 May Be	1	
)		⊢ ¬ '	[28]			٠.	Trust Fund Contribution	"9 🗆		d to Fees	1	
Zip	Country Zip			Country			This corporation owes the	current year.In	tangibla			
	25		30			Personal Property Tax.		Yes	ΔNο	1		
١	9. Name and Address of Current	Registered Agent				10.	Name and Address of No	w Registered	Agent		1	
				B1	Name		Chavon					
	relson, marjorie l		- 1	82	Street Addres	29 /P	Sharon O. Box Number is Not Acc	eptable)			1	
	18 MUNBURY DRIVE	[02] Subst.			32	3237 Diana Drive						
DAD	e city fl 33525		l	83							1	
				84	City				85 Z	in Code	1	
					7enhv	/rh	ills.	Fi		ip Code 3541		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the at	XOV8-	named comes	ation	eubmits this statement for	the purpose of	changing	its registered		
	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat				ha corporation	'8 DC	ians of directors: I nereby a	ccept trie appo	ILITERATE DIS	19Algreige	1	
•	V Shaw C	Dance			aron Der	10	_3	X311	99		ł	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egretered	Apant 1	signature required w	vhen n	einstating)	DATE			€	
12.	OFFICERS ANI		13.				ADDITIONS/CHANGES TO	OFFICERS A	VD DIREC (X) Chang	TORS IN 12	CR2E034 (11/98)	
TITLE	D	() DELETE	1.1 111			Ke	ith, Marjorie	L	V) comit		2	
NAME	HARRELSON, MARJORIE L		1.2 NAME			P 0 Box 2176		_		£	항	
STREET ADDRESS	11908 MUNBURY DRIVE		•		NDORESS		phyrhills, Fl	33539		•		
CITY-ST-ZIP	DADE CITY FL 33525		1.4 CITY-		28P		phyminis		[] Chang	as Addition	15 15	
TITLE	D	☐ DELETE	2.1 TITLE							,		
NAME	DENO, SHARON		2.2 NAME								ļ	
STREET ADDRESS	3237 DIANA DRIVE		2.3 STREET 2.4 CITY-S		- 1							
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	☐ DELETE			· ZIP	-			☐ Chan	e Addition	1	
TITLE		C) DETE IS	31 TITLE							.	i	
NAME			3.2 NA								1	
STREET ADDRESS					LDORESS						1	
CITY-ST-ZIP		DELETE		TY-ST-	-ZIP				[_] Chan	ge Addition	1	
IIILE			4.1 TH							- - ,	1	
NAME			4.2N									
STREET ADDRESS	SS		4.3 STREET ADDRESS							1		
CITY-ST-ZIP			_	4.4 CITY-ST-ZIP					Chan	ge Addition	1	
TITLE		- Octava	E 5.1 πτιε . 5.2 NAME							_		
NAME					STREET ADDRESS							
STREET ADDRESS				Y-ST-								
CITY-ST-ZIP		☐ DELETE	6.1 TIT		-				☐ Chan	ge [] Addition	1	
TITLE			62 NA								1	
NAME					ODRESS						1	
STREET ADDRESS				Y-ST-							1	
CITY-ST-ZIP	partify that the information supplied with	h this filing does not qualify for t				ction	119.07(3)(i), Florida Statut	es. I further ce	rtify that th	e information	_	

4. 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 eath; 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:

ATURE AND TYPES OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

X 3/2/99

280 92/1_