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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000035112 (7)

DENO & SON, INC.

Principal Place of Business	Mailing Addres
1309 NE 4TH AVENUE	1309 NE 4TH .
CAPE CORAL FL 33909	CAPE CORAL

**FILED** May 06 1998 8:00am Secretary of State



1309 NE 4TH AVENUE Cape Coral Fl 33909			1309 NE 4TH AVENUE CAPE CORAL FL 33909								
ON C COUNC	1 6 00000		Offic College 15 College			ļ		DO NOT WRITE IN T	HIS SPACE	<u>_</u>	
							3. Date Incorporate	d or Qualified			
	(5		Lan Market Addition				04/19/1996				
2. Principal Place of Business			<del>                                     </del>	2a. Mailing Address						oplied For ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-065799				
		27 Suite, Apr. #, etc.				5. Certificate of Status Desired See Regulred					
City & State			City & State				6. Election Campai	on Financino	<del></del>		
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
Zip		Country	Zip Country				8. This corporation owes or has paid the current year Intangible				
24		25	29	30			•	y Tax due June 30.		J No	
	9. Name	and Address of Curre	nt Registered Agent				10. Name and Addi	ess of New Registe	red Agent		
DEN	NO, GREGO	ORY T		8	1 Nam	e					
	9 NE 4TH			8	2 Stree	at Addres	s (P.O. Box Number	is Not Acceptable)			
	E CORAL			Ľ							
				8	3						
				8	4 City				<b>85</b> Zip	Code	
1									FL		
11. Pursuant to	o the provis	ions of Sections 607.05 jent, or both, in the Stat	02 and 607.1508, Florida Statut e of Florida Such change was i gations of, Section 607.0505, Fli	tes, the abo authorized i	ve-name by the co	ed corpor orporation	ation submits this stan's board of directors	tement for the purpo: . I hereby accept the	se of changing it appointment as	ts registered registered	
_	m familiar wi	ith, and accept the obli	gations of, Section 607.0505, Fli	orida Statut	3S.						
SIGNATURE	Signature, typed	or printed name of registered in	· · · · · · · · · · · · · · · · · · ·	L. Registered A	gent signat	ure required	when reinstating)	DA			
12.		OFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHAI	NGES TO OFFICERS			
TITLE	D		☐ DELETE	1.1 TITLE		2	0	-	Change	☐ Addition	
NAME		GREGORY T		1,2 NAM	İ	Der	w, Gregory	y Y	Hodeness	<b>S</b>	
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CITY-ST-ZIP				4.4 CITY		——				4.440	
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CITY-ST-ZIP				5.4 CITY					····	1 1 2 200	
TITLE			☐ DELETE	6.1 TITLE		1			Change	☐ Addition	
NAME				6.2 NAM	£						
STREET ADDRESS				6.3 STRE	ET ADDRES	s					
CITY-ST-ZIP				6.4 CITY							
14.   hereby c	ertify that th	e information supplied	with this filing cloes not qualify f	or the exem	ption str	ated in Se	ection 119.07(3)(i), Fl	orida Statutes. I furth	er certify that the	information	
officer or o	director of the	ne corporation or the re-	ital annual report is true and acceiver or trustee impowered to	execute thi	s report	as requir	ed by Chapter 607, F	lorida Statutes; and	that my name ap	pears in	