PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035112 1. Corporation Name DENO & SON, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90006 008 ***150.00



Principal Place of Business		Mailing Address			E 10011004 tid ratte attil odtiv dans anne anne mae mae stadt stare men	
1309 NE 4TH AVENUE CAPE CORAL FL 33909		1309 NE 4TH AVENUE CAPE CORAL FL 33909			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed 04/19/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
m ·		26		65-0657994	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip	Cou	intry	This corporation owes the current year In Personal Property Tax.	tangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
DEN				81 Name		
), Gregory T Ne 4th Avenue			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
CAPE	CORAL FL 33909		•	83		
				84 City 2	FI	85 Zip Code
44 Dumutant te	o the provisions of Sections 607	0502 and 607 1508. Florid	da Statutes, the a	bove-named co	progration submits this statement for the purpose o	f 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 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE TITLE 1.1 TITLE DENO, GREGORY T 1.2 NAME NAME 1412 SW 9TH AVE 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33991 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** CITY-ST-ZIP 12 1 64 CITY-ST-ZIP

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 officer or director of the Block 12 or Block 13 K ment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)