PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071178

1. Corporation Name

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90086 039 ***150.00

	DENERII GROOF, INC.									
Principal Place	e of Business	Ma	ailing Address				1 (45)(45) (10)(11) (100)(100)		90) (INUL FIL	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2000 CORPORATE SQUARE BLVD. SUITE 1 2000 CORPORATE SQUARE 6 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216				BLVD. SL	JITE 1	I	DO NOT WRIT	E IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
							08/15/1997			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			Applied For
21		26					59-3463437			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22	-	27					5. Certificate of Glatus Desired		Fee	Required
City & Stat	te		City & State				6. Election Campaign Financing		\$5.0	О Мау Ве
23		28					Trust Fund Contribution		Adde	d to Fees
Zip	Country		Zip	Count	try		8. This corporation owes the curre	nt year Inta		
24	25	29		30			Personal Property Tax.		☐Yes	No
	9. Name and Address of Currer	nt Regis	tered Agent				10. Name and Address of New Re	egistered A	Agent	
=				8	81 N	Name				ĺ
	NIN, TIMOTHY D	01 HTC 4	•	1	82 5	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
2000 CORPORATE SQUARE BLVD, S				L						
JAC	ksonville fl 32216			8	83					
				-	34 (City			85 Zi	p Code
						·		FL		
office or r	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age	of Floridations of,	la. Such change was at Section 607.0505, Flot	uthorized t rida Statut	by the es.	e corporation	oration submits this statement for the parties of directors. I hereby accept	сте аррон	itment as	registered
					gent sig	gnature required	when reinstating)	DATE AN	D DIBEC	TORS IN 12
12.	OFFICERS AN		CTORS	13.		gnature required	d when reinstating) ADDITIONS/CHANGES TO OFF			
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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 prohaped, or on an attachment without an arress, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR