0322199-90023-044-$150.00-$150.00

# FILED
# Mar 22, 1999 8:00 am
# Secretary of State
03-22-1999 90023 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000000081 0Y

1. Corporation Name

DENCOR MANAGEMENT SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6751 First Avenue South<br>St. Petersburg, FL 33707 | 6751 First Avenue South<br>St. Petersburg, FL 33707 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/98

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 262 Fourth Avenue N. | 26 262 Fourth Avenue N. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 St. Petersburg, FL | City & State 28 St. Petersburg, FL |
| Zip 24 33701 Country 25 USA | Zip 29 33701 Country 30 USA |

4. FEI Number: 59-3484772 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Apple, Phillip B.<br>6759 First Avenue South<br>St. Petersburg, FL 33707 | 81 Name: Lathrop, James E.<br>82 Street Address (P.O. Box Number is Not Acceptable): 262 Fourth Avenue North<br>83<br>84 City: St. Petersburg FL 85 Zip Code: 33701 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 James E. Lathrop, CFO — DATE 4/13/99
Signature, typed or printed name of registered agent and title if applicable. (MUST BE Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D. ☐ DELETE | 1.1 TITLE | S/C/D ☒ Change ☐ Addition |
| NAME | Apple, Phillip B. | 1.2 NAME | Apple, Phillip B. |
| STREET ADDRESS | 6759 First Avenue South | 1.3 STREET ADDRESS | 6759 First Avenue South |
| CITY-ST-ZIP | St. Petersburg, FL 33707 | 1.4 CITY-ST-ZIP | St. Petersburg, FL 33707 |
| TITLE | D. ☐ DELETE | 2.1 TITLE | T/P/D XX Change ☐ Addition |
| NAME | Powell, Philip J. | 2.2 NAME | Powell, Philip J. |
| STREET ADDRESS | 3275 66th Street North | 2.3 STREET ADDRESS | 262 Fourth Avenue North |
| CITY-ST-ZIP | St. Petersburg, FL 33710 | 2.4 CITY-ST-ZIP | St. Petersburg, FL 33701 |
| TITLE | ☐ DELETE | 3.1 TITLE | V ☐ Change XX Addition |
| NAME | | 3.2 NAME | Lathrop, James E. |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 262 Fourth Avenue North |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | St. Petersburg, FL 33701 |
| TITLE | ☐ DELETE | 4.1 TITLE | D. ☐ Change XX Addition |
| NAME | | 4.2 NAME | McCall, James D. |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 407 Allegiance Drive. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Westchester, PA 19382 |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (11/98)

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 617, 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:** James E. Lathrop — 3/10/99 — (727) 896-3368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #