

PROFIT CORPORATION ANNUAL REPORT 1999

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



FILED

99 JUL 16 PM 12:58

DOCUMENT # P98000060021

1. Corporation Name
DENA & PHILLIS ENTERPRISES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 3894 SOUTHEAST 48TH STREET 3894 SOUTHEAST 48TH STREET
 Ocala FL 34480 Ocala FL 34480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/06/1998**

4. FEI Number: [] Applied For: Not Applicable

5. Certificate of Status Desired: [] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees

6. This corporation owes the current year intangible Personal Property Tax: [] Yes [] No

2. Principal Place of Business: 21 1450 SE 8TH ST, 22 Suite, Apt. #, etc.: []
 23 City & State: Ocala Florida, 24 Zip: 34471, 25 Country: U.S.A.
 2a. Mailing Address: 28 1450 SE 8TH ST, 27 Suite, Apt. #, etc.: []
 29 City & State: Ocala Florida, 30 Zip: 34471, 31 Country: U.S.A.

9. Name and Address of Current Registered Agent
BOWLES, PHILLIS
 3894 SOUTHEAST 48TH STREET
 Ocala FL 34480

10. Name and Address of New Registered Agent
 B1 Name: **Vaughn, Dena F.**
 B2 Street Address: **1450 SE 8TH ST**
 B3 []
 B4 City: **Ocala** FL B5 Zip Code: **34471**

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: **Dena F. Vaughn** **Dena F. Vaughn, President** 6/25/99
 Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when Amending) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BOWLES, PHILLIS		1.2 NAME: Carolyn R. Blithen	
STREET ADDRESS: 3894 SOUTHEAST 48TH STREET		1.3 STREET ADDRESS: 2110 N. Times Ave	
CITY-ST-ZIP: OCALA FL 34480		1.4 CITY-ST-ZIP: Tampa, Florida 33607	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VAUGHN, DENA		2.2 NAME:	
STREET ADDRESS: 1450 SOUTHEAST EIGHTH STREET		2.3 STREET ADDRESS:	
CITY-ST-ZIP: OCALA FL 34471		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dena F. Vaughn** **Dena F. Vaughn** 6/25/99 809-0037
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)