

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

95 MAY -1 AM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S78432**

(9)

In Corporation Number

**DENNY CONCRETE INC.**

Principal Place of Business

**2226 JERNIGAN RD  
JACKSONVILLE FL 32207**

Managing Address

**2226 JERNIGAN RD  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

**09/05/1991**

3a. Date of Last Report

**06/23/1994**

2. Principal Place of Business

2a. Managing Address

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26

State, April, Month

State, April, Month

22

27

City & State

City & State

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City

County

City

County

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4. FID Number

**59-3082020**

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**

8. This corporation has liability for infringing tax under 218, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHUPP, ROBERT W.  
1730 SHADEWOOD LANE  
SUITE 300  
JACKSONVILLE FL 32207**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 601.01, 601.02, and 601.03, Florida Statutes, I, the undersigned, do hereby certify that I am the duly authorized officer or registered agent of the corporation named herein, and that I am duly qualified to execute this statement for the purpose of changing its registered office or registered agent, or both, as the State of Florida. Such change was authorized by the corporation (board of directors) and I hereby accept the appointment as registered agent. I am familiar with and accept the duties imposed by Sections 601.01, 601.02, and 601.03, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

NAME

**PD  
DENNY, CHARLES H. IV  
10830 SCOTT MILL RD.  
JACKSONVILLE FL**

NAME

**STD  
DENNY, MERVIN G.  
10830 SCOTT MILL RD.  
JACKSONVILLE FL**

NAME

**D  
DENNY, CHARLES H. III  
10830 SCOTT MILL RD.  
JACKSONVILLE FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR