

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78432 (9)

1. Corporation Name

DENNY CONCRETE INC.



Principal Place of Business

2226 JERNIGAN RD
JACKSONVILLE FL 32207

Mailing Address

2226 JERNIGAN RD
JACKSONVILLE FL 32207

2. Principal Place of Business

21 4527 SUNBEAM RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 23609
Suite, Apt. #, etc.

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

24 32257

Country

25 FLORIDA

Zip

29 32241-3609

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/05/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3082020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

MEIDE, MOSES

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

817 N. MAIN STREET

83

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(If the Registered Agent signature is not acceptable, the corporation must file a new statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DENNY, CHARLES H. IV
STREET ADDRESS 10830 SCOTT MILL RD.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE STD ☐ DELETE

NAME DENNY, MERVIN G.
STREET ADDRESS 10830 SCOTT MILL RD.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME DENNY, CHARLES H. III
STREET ADDRESS 10830 SCOTT MILL RD.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034 (12/95)