FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

JACKSONVILLE FL 32241-3609

PO BOX 23609

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

May 04, 1999 8:00 am Secretary of State

05-04-1999 90046 036 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/05/1991

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **S78432** 1. Corporation Name

Principal Place of Business 4527 SUNBEAM RD

JACKSONVILLE FL 32257

DENNY CONCRETE INC.

						00/00/1001				
2. Principal Pl	al Place of Business 2a. Mailing Address					4. FEI Number		Ar	oplied For	
21	26					59-3082020		□ No	ot Applicable	
Suite Ant :	Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional	
				5. Ce		5. Certifcate of Status Desired	J	Fee R	equired	
22			<u></u>	<u> </u>						
City & State City & State						6. Election Campaign Financing]		May Be	
23		28			***	Trust Fund Contribution			to Fees	
Zip	Country Zip Cou			ntry		8. This corporation owes the current			_	
24 25 29 30						Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regi	stered A	gent		
					Name					
MEIDE, MOSES										
817 N MAIN STREET					82 Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32202					83					
								Joel Zin	Code	
				84	City		FI	85 Zip	Code	
						ting and the state of the pro-		honging its	rogietered	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the at	oove	-named corp	oration submits this statement for the pur on's board of directors. I hereby accept th	pose or c	manging its	anistered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	or Florida, Such change was a	aumonzeu orida Stati	υγι ntes	ine corporation	on's board of directors. I thereby accept the	e appoin	inchi as re	giotoros	
ageni. i ai	III lamillar with, and accept the conga-	aons on dection dov. bood, in	Onda Otate							
SIGNATURE		407	E. D. Jahana		-itura razulea	d when reinstating)	DATE			
	Signature, typed or printed name of registered agen			Agent	signature require	ADDITIONS/CHANGES TO OFFIC		DIRECTO	DS IN 12	
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFIC	EKS AN	Change	Addition	
TITLE	PD DELETE 1.17		1.1 TIT	ιŧ				☐ Change	☐ ¥¢otton	
NAME .	DENNY, CHARLES H. IV		1.2 NA	ME	1					
STREET ADDRESS	10830 SCOTT MILL RD.		1.3 ST	REET.	ADDRESS					
				Y-ST						
CITY-ST-ZIP		□ DELETE						☐ Change	☐ Addition	
TITLE	TD □ DELETE 2.1 TI			ᄕ				[oago		
NAME	Denny, Mervin G.		2.2 NA	ME						
STREET ADDRESS	10830 SCOTT MILL RD. 235			REET	ADDRESS					
	The state of the s			TV. 91	r-zip			===		
- CITY-ST-ZIP -	D DELETE 3.1 TI							Change	Addition	
TITLE									_	
NAME	DENNY, CHARLES H. III		3.2 NA	ME						
STREET ADDRESS	10830 SCOTT MILL RD.		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CI	TY-SI	T-ZIP					
TITLE		☐ DELETE	4.1 TiT	lΕ				Change	Addition	
NAME			4. 2 N	AMF						
					ADDDESC	.*	_			
STREET ADDRESS					ADDRESS	•				
CITY-ST-ZIP			4.4 CI		-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TIT	lΕ				☐ Change	Addition	
NAME			5.2 NA	ME		•				
STREET ADDRESS			5.3 ST	REET	ADDRESS					
			5.4 CIT	ry-st	7IP					
CITY-ST-ZIP		□ DELETE	6.1 TiT					[7] Change	☐ Addition	
TITLE	•	☐ DELETÉ	1							
NAME			6.2 NA							
STREET ADDRESS			6.3 ST	REET	ADDRESS					
-			6.4 CIT	ry-ST	-ZiP					
CITY-ST-ZIP	partify that the information supplied with	th this filing does not qualify fo	or the exer	mntic	on stated in S	Section 119.07(3)(i), Florida Statutes. I fu	ther cert	ify that the	information	
indicated officer or	pertry triat the information supplied with on this annual report or supplemental director of the corporation or the recei- or Block 13 if changed, or on an attage	annual report is true and acc iver or trustee empowered to	curate and execute th	tnat is re	my signature eport as requ	e shall have the same legal effect as if ma ired by Chapter 607, Florida Statutes; an	de unde d that my	r oath; that / name app	l am an ears in	