## **2004 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT (AR)** Apr 27, 2004 8:00 am Secretary of State **DOCUMENT # \$78432** 1. Entity Name 04-27-2004 90067 044 \*\*\*150.00 DENNY CONCRETE INC. Principal Place of Business Mailing Address 4527 SUNBEAM RD PO BOX 23609 JACKSONVILLE FL 32257 JACKSONVILLE FL 32241-3609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3082020 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLOTT, ARNOLD 334 EAST DUVAL ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202-2718 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME Charles H IV & Change TITLE P/D ☐ Delete Denny Charles H W 2857 Beauclere Rd DENNY, CHARLES H IV NAME STREET ADDRESS 10830 SCOTT MILL RD. STREET ADDRESS Vacksonussle, FL 32257 JACKSONVILLE FL 32223 CITY-51-ZIP CITY-ST-ZIP IIILĒ" Delete TITLEST D NAME DENNY, GRANT L. NAME STREET ADDRESS 13389 TROPIC EGRET DR STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE D . Delete TITLE Change Addition NAME DENNY, MERVIN G NAME STREET ADDRESS 5 LOGGERHEAD LANE STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP n ☐ Delete ☐ Change Addition DENNY, CHARLES H III NAME NAME STREET ADDRESS 6624 SW 37TH WAY STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CITY - ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all either like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SU NING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition