

Amended

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **378432**

1. Entity Name

Denny Concrete, Inc ✓



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4527 Sunbeam Road

3. Mailing Address

P.O. Box 23609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32257

Country

USA

Zip

32241

Country

USA

4. FEI Number

59-30-82020

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Arnold H. Slott

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

334 East Duval St

City

Jacksonville

FL

Zip Code

32202

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*President
Charles H. Denny II
10830 Scott Mill Road
Jacksonville, FL 32223*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Secretary-Treasurer
Grant L. Denny
13389 Tropic Egret Dr
Jacksonville, FL 32224*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Director
Mervin G. Denny
5 Loggerhead Lane
Ponte Vedra Beach, FL 32082*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Director
Charles H. Denny III
6624 SW 37th Way
Gainesville FL 32608*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Grant L. Denny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/08/03

Daytime Phone #

904 887 0518

CR2E034B (12/02)