

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S93059

(1)

1. Corporation Name

DENNIS & SON, INC.



Principal Place of Business

**435 HICKORY ST.
BROOKSVILLE FL 34601**

Mailing Address

**435 HICKORY ST.
BROOKSVILLE FL 34601**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Sub. Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**DENNIS, ANN M.
435 HICKORY ST.
BROOKSVILLE FL 34601**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

01/01/1992

3a. Date of Last Report

04/19/1995

4. FET Number

59-3092475

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 intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 602.007 and 602.150(3), Florida Statutes, the above named corporation certifies 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 602.007, Florida Statutes.

SIGNATURE

Signature of person authorized to sign this report

Signature of person authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	DENNIS, ANN M.	
STREET ADDRESS	435 HICKORY ST.	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	
TITLE	D	[] DELETE
NAME	DENNIS, LARRY D.	
STREET ADDRESS	435 HICKORY ST.	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	
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.

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this report 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 affidavit.

SIGNATURE: *Ann M. Dennis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)