

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

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**Jan 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # V24187 (9)**

1. Corporation Name  
**DENAHAN & ASSOCIATES, INC.**



Principal Place of Business: **1501 SW 96 ST GAINESVILLE FL 32607**  
Mailing Address: **1501 SW 96 ST GAINESVILLE FL 32607-3248**

3. Date Incorporated or Qualified: **03/25/1992**  
3a. Date of Last Report: **02/07/1996**

|    |                                |    |                     |    |   |   |         |    |  |   |                             |
|----|--------------------------------|----|---------------------|----|---|---|---------|----|--|---|-----------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number  | Applied For   |         |    |  |   |                             |
|    | <b>3550</b>                    |    |                     |    | <b>59-3115391</b>                                   | Not Applicable  |         |    |  |   |                             |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired                       | <input type="checkbox"/> \$8.75 Additional Fee Required |         |    |  |   |                             |
|    | <b>L SW 34th St</b>            |    |                     |    |   |   |         |    |  |   |                             |
| 23 | City & State                   | 28 | City & State        | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees    |         |    |  |   |                             |
|    | <b>Gainesville FL</b>          |    |                     |    |   |   |         |    |  |   |                             |
| 24 | Zip                            | 25 | Country             | 29 | Zip   | 30  | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | <b>32608</b>                   |    | <b>USA</b>          |    |   |   |         |    |  |   |                             |

|  |  |  |  |  |  |           |    |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent                        |  |  |  | 10. Name and Address of New Registered Agent |  |           |    |
| <b>DENAHAN, BARBARA J<br/>1501 SW 96TH ST<br/>GAINESVILLE FL 32607</b> |  |  |  | 81   | Name   |           |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|  |  |  |  | 83   |  |           |    |
|  |  |  |  | 84   | City   | <b>FL</b> | 85 |

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <b>P</b>                        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>DENAHAN, BARBARA J</b>       | 1.2 NAME  |  |
| STREET ADDRESS             | <b>1501 SW 96ST</b>             | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>GAINESVILLE FL</b>           | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  | <b>Stephen A. Denahan</b>  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | <b>1501 SW 96 ST</b>   |
| CITY - ST - ZIP            |                                 | 2.4 CITY - ST - ZIP                                   | <b>Gainesville FL 32607</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  | <b>Scott Stewart Denahan</b>   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | <b>1501 SW 96 ST</b>   |
| CITY - ST - ZIP            |                                 | 3.4 CITY - ST - ZIP                                   | <b>Gainesville FL 32607</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 6.4 CITY - ST - ZIP                                   |  |

14. I do 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 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: *Barbara J Denahan* **1-2397 352-372-0712**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)