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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V32543**

1. Corporation Name

DENUM	MARK CONSTRUCTION OF	MAPLES, INC.								
Principal Place	e of Business	Mailing Address					THE STATE OF THE RESTREE	#1006 till 01611	ACAIS BIRST ALAIS	
5192 WEST BLVD 5192 WEST BLVD										
NAPLES FL 33940 NAPLES FL 33940										
								RITE IN THI	S SPACE	
							rporated or Qualife	ed		į.
	*****					04/24/1			 	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Numb				Applied For
26						65-0329	1012			Not Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired			• -	Additional Required
27								·		
City & State City & State						!	ampaign Financir	\$5:00 May Be		
23 28							d Contribution	4 1		10 Fees
Zip 34	Country		country	•			oration owes the o	urrent year ii	ntangible Yes	XINo
24 24	105 25	1=-1					Property Tax. d Address of Nev	w Registere		22,110
	9. Name and Address of Currer	it Registered Agent	81	Name		10. Ivanio di	<u> </u>			
ADK	ins, terry r		82							
5192 WEST BOULEVARD				Street	Addres	ss (P.O. Box Nu	umber is Not Acce	eptable)		1
NAPLES FL 34103			83							
			84	City				F	85 Zip	Code
44 Dumina	to the provisions of Sections 607.050	22 and 607 1508 Florida Statutes th	a abov	e-named	cornor	ation submits t	his statement for t	he ourpose o	of changing i	ts registered
office of r	registered agent, or both, in the State m familiar with, and accept the obligation	of Florida, Such change was author	zea ov	the corbi	ration	's board of dire	ctors. I hereby ac	cept the app	ointment as i	registered
SIGNATURE								DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 13				nt signature :	edoneo a		S/CHANGES TO		AND DIRECT	ORS IN 12
TITLE	P DELETE 1.1T				ADDITIONS/CHANGES TO OFFICERS AND			Change		
	ADKINS, TERRY									
NAME				TADDDECC						
STREET ADDRESS			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP							
CITY-ST-ZIP	S S	DELETE 21 TI		SI-ZIC	5				Change	a Addition
TITLE	•		2 NAME		_		Rooloz			~
NAME				T ADDRESS	31	0 3-1	Reeves	/		ł
STREET ADDRESS	140446 MAIL THE TAXAB					lapizs	FL	3412	20	
CITY-ST-ZIP			4 CITY-S	S1-ZIP		(apits		- (16	Change	e Addition
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NAME				T ADDRESS						1
STREET ADDRESS	445 PM 450 PM 44444									1
CITY-ST-ZIP			4. CITY-S 1 TITLE	\$1-ZIP					Change	a Addition
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NAME.			2 NAME	T ADDDCCC						
STREET ADDRESS				T ADDRESS						1
CITY-ST-ZIP			4 CITY-S	1-ZIP					Change	e Addition
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NAME				TADDRESS						
STREET ADDRESS	1									
CITY-ST-ZIP			4 CITY-5	21-4P					☐ Change	e Addition
TITLE									Snangi	
NAME	1	= 4	2 NAME							

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90156 005 ***150.00