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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

DENNIRROOKE LITHLITIES INC

FILED Mar 05 1998 8:00am Secretary of State

FEMIND	HOOKE OFICINES, INC.								
Principal Plac	e of Business	Mailing Address					iii oldii oldii	OLDIN DIGHT FALL	. 01911 1881
146 HORIZON COURT		146 HORIZON COURT							
LAKELAND FL		LAKELAND FL. 33813			50 1107 11707	- 114 - 1140	00.00		
						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualified			
9 Principal P	lace of Business	2a. Mailing Address				05/18/1992 4. FEI Number		1 14.	oplied For
21 7 mc.par r	26	ng maaroo			59-6981315			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				v-A	2 2 2	Additional	
22		27	27			5. Certificate of Status Desired	X		equired
City & State	6	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added		
Zip	Country	Zip	Zip Country			8. This corporation owes or has p		~	_ ~
24	25		30			Personal Property Tax due June			J No
	g. Name and Address of Currer	nt Registered Agent		81 Na	me	10. Name and Address of New R	egistered	Agent	
	WHIRTER, JOHN W., JR.			OI Na	me				
201 EAST KENNEDY BLVD.				82 Str	eet Addre	Address (P.O. Box Number is Not Acceptable)			
SUITE 800				83					
TAMPA FL 33602				~					
				84 Cit	у		FL	85 Zip	Code
44 Pursuant	to the provisions of Sections 607.050	32 and 607 1508. Florida Statute	s the al	n∩vA-nar	ned corpo	ration submits this statement for the		changing it	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorize	by the	corporatio	pration submits this statement for the on's board of directors. I hereby acce	pt the app	ointment as	registered
•	m familiar with, and accept the oblig	ations of Section 607.0505, Fig	rida Stat	utes.					}
SIGNATURE	Signature, lyped or printed name of registered age	ent and title if applicable. (NOTE	Registere	1 Agent sign	Ature required	d when reinstating)	DATE		- \.
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12
TITLE	VDST	DELET e	1.1 TITLE		T			Change	Addition
NAME	ERICKSON, ARTHUR H.		1.2 NA	ME					l:
STREET ADDRESS	146 HORIZON COURT		1.3 \$1	reet addri	ESS				Į;
CITY-ST-ZIP	LAKELAND FL		1.4 CI	TY-ST-ZIP					
TITLE	PD	DELETE	2.1 TO	LE				Change	Addition (
NAME	Haas, Frank H.		2.2 NA	ME	-				
STREET ADDRESS	146 HORIZON CT		2.3 ST	réet addri	ESS				ľ
CITY-ST-ZIP	LAKELAND FL			TY-ST-ZIP				T-1	
TITLE		☐ DELETE	3.1 TI		- {			Change	Addition
NAME			3.2 N/						
STREET ADDRESS				reet addri	ess				
CITY-ST-ZIP		- AFIETE		TY-ST-ZIP				1 0	1 4 4 4 7 1
TITLE		☐ DELETE	4.1 T()					Change	☐ Addition
NAME			4. 2 N		ļ				L
STREET ADDRESS				reet adda	ESS				ľ
CITY-ST-ZIP		PELETE	4.4 CITY-ST-		 			Change	Addition
TITLE		☐ DELET E	5.1 Tri					L. Change	WOULDIN
NAME OTOGET ADDRESS			5.2 NA						
STREET ADDRESS				reet adore	:00				Į
CITY-ST-ZIP		DELETE	5.4 CI 6.1 TII	Y-ST-ZIP	$\overline{}$			☐ Change	Addition
TITLE		□ Street	6.1 III						THE PERSON NAMED IN
NAME OTREET ADDRESS				me Reet addri	:00				
STREET ADDRESS					.00				}
CITY-ST-ZIP	entify that the information supplied w	ith this filing does not qualify for		Y-ST-ZIP	stated in S	Section 119 07(3Vi) Florida Statutes	Lfurther ce	rtify that the	information

Thereby comy that the information supplied with this him goes not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report to resupplemental 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.