FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB -9 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 157412 (8)

1. Corporation Name

J.C. RENFROE & SONS.,INC.

Principal Place of Business	Mailing Address
1926 SPEARING ST P.O. BOX 4279 JACKSONVILLE FL 32201	1926 SPEARING ST P.O. BOX 4279 JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1949
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-0605781 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WELLS JR,CLYDE N
11100 SAN JOSE BLVD
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____, Secretary January 27, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RENFROE,CHARLES J	1.2 NAME	
STREET ADDRESS	1926 SPEARING ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	WELLS JR, CLYDE N	2.2 NAME	
STREET ADDRESS	11100 SAN JOSE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32223	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, LUCILLE D.	3.2 NAME	
STREET ADDRESS	1926 SPEARING ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	RENFROE, WILLIAM J.	4.2 NAME	Mr. William J. Renfroe has become deceased and is no longer an officer
STREET ADDRESS	1926 SPEARING ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIES, WILLIAM	5.2 NAME	
STREET ADDRESS	1926 SPEARING ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	RENFROE, CHARLES J	6.2 NAME	
STREET ADDRESS	1926 SPEARING ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	6.4 CITY-ST-ZIP	

AG 2/14

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Clyde N. Well, Jr. 1/27/95 (904) 262-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404009 FP