

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

FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 157412 (8)  
1. Corporation Name  
J.C. RENFROE & SONS., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1826 SPEARING ST  
P.O. BOX 4279  
JACKSONVILLE FL 32201

Mailing Address  
1926 SPEARING ST  
P.O. BOX 4279  
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified

03/09/1949

4. FEI Number

59-0805781

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS RENFROE, CHARLES J  
CITY-ST-ZIP 1926 SPEARING ST.  
JACKSONVILLE FL 32206

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS WELLS JR, CLYDE N  
CITY-ST-ZIP 11100 SAN JOSE BLVD  
JACKSONVILLE FL 32223

TITLE ☐ DELETE  
NAME AS  
STREET ADDRESS ADAMS, LUCILLE D  
CITY-ST-ZIP 1926 SPEARING ST  
JACKSONVILLE FL 32206

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS DAVIES, WILLIAM  
CITY-ST-ZIP 1926 SPEARING ST.  
JACKSONVILLE FL 32206

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS RENFROE, CHARLES J  
CITY-ST-ZIP 1926 SPEARING ST.  
JACKSONVILLE FL 32206

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE

CR2E034 (10/97)