

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 157412

1. Entity Name

J.C. RENFROE & SONS., INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90069 045 ***150.00

Principal Place of Business

Mailing Address

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

1926 SPEARING ST
P.O. BOX 4279
JACKSONVILLE FLA 32201-4279

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0605781**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RENFROE, CHARLES J	
STREET ADDRESS	1926 SPEARING ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELLS JR, CLYDE N	
STREET ADDRESS	11100 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE-FL 32223	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ADAMS, LUCILLE D	
STREET ADDRESS	1926 SPEARING ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIES, WILLIAM	
STREET ADDRESS	1926 SPEARING ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RENFROE, CHARLES J	
STREET ADDRESS	1926 SPEARING ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renfro, Anne L	
STREET ADDRESS	1926 SPEARING ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, William L	
STREET ADDRESS	1926 Spearing St	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Charles J. Renfro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2000

Date

904 356-4181

Daytime Phone #