

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 157412

1. Entity Name
J.C. RENFROE & SONS., INC.

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

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

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90638 035 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0605781		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

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 Brant, Abraham, Reiter & McCormick, P.A.			
				Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street, Suite 2750			
				City Jacksonville			
				FL Zip Code 32202			

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 John D. McCormick VP DATE 3/20/02

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RENFROE, ANNE L 1926 SPEARING ST. JACKSONVILLE FL 32206 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. WELLS JR, CLYDE N 11100 SAN JOSE BLVD JACKSONVILLE FL 32223 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADAMS, LUCILLE D 1926 SPEARING ST JACKSONVILLE FL 32206 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIES, WILLIAM 1926 SPEARING ST. JACKSONVILLE FL 32206 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENFROE, CHARLES J 1926 SPEARING ST. JACKSONVILLE FL 32206 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, WILLIAM L 1926 SPEARING ST JACKSONVILLE FL 32206 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 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: William L Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2002
Date

904 356-4181
Daytime Phone #

CFR2E034 (9/01)