

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -8 PH 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 352775

(1)

1. Corporation Name

RENFROE, INC.

Principal Place of Business

1926 SPEARING STREET
PO BOX 4279
JACKSONVILLE FL 32201

Mailing Address

1926 SPEARING STREET
PO BOX 4279
JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/24/1969

3a. Date of Last Report

02/08/1994

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. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS JR, CLYDE N
200 MARINE BANK BLDG, POB 52478
JACKSONVILLE FL 32201

81 Name

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

11100 San Jose Boulevard

83

84 City

Jacksonville

FL

85 Zip Code
32223

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

1/27/95
DATE

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

☐ Change ☐ Addition

TITLE S
NAME WELLS JR, CLYDE N
STREET ADDRESS 200 MARINE BANK BLDG
CITY-ST-ZIP JACKSONVILLE, FL 00000

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

☒ Change ☐ Addition

11100 San Jose Boulevard
Jacksonville, Florida 32223

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

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(b), 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 affidavit.

SIGNATURE:

Clyde N. Wells, Jr.

1/27/95 (904) 262-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #