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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:43

DOCUMENT # **472581** **(8)**

1. Corporation Name
D.L. RENNINGER, INC.

Principal Place of Business	Mailing Address
4015 GRANTLINE RD MIMS FL 32754	4015 GRANTLINE RD MIMS FL 32754

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/26/1975**
3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-167 1575** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RENNINGER, DONALD L
4015 GRANTLINE RD
MIMS FL 32754

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 of new registered agent (if changing) — Date — Signature of current registered agent (if changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	1 1 TITLE ☐ Change ☐ Addition
NAME	RENNINGER, DONALD L	1 2 NAME
STREET ADDRESS	4015 GRANTLINE RD	1 3 STREET ADDRESS
CITY-ST-ZIP	MIMS, FL 00000	1 4 CITY ST ZIP
TITLE	ST	2 1 TITLE ☐ Change ☐ Addition
NAME	RENNINGER, RUTH S	2 2 NAME
STREET ADDRESS	4015 GRANTLINE RD	2 3 STREET ADDRESS
CITY ST ZIP	MIMS, FL 00000	2 4 CITY ST ZIP
TITLE		3 1 TITLE ☐ Change ☐ Addition
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY-ST-ZIP		3 4 CITY ST ZIP
TITLE		4 1 TITLE ☐ Change ☐ Addition
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY ST ZIP		4 4 CITY ST ZIP
TITLE		5 1 TITLE ☐ Change ☐ Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY ST ZIP		5 4 CITY ST ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY ST ZIP		6 4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is effective 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 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: Ruth D. Renninger RUTH D. RENNINGER 1/11/95 (407)267-7015
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

041510 FP