

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

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**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**RENNINGER, DONALD L
4015 GRANTLINE RD
MIMS FL 32754**

3. Date Incorporated or Qualified

03/26/1975

3a. Date of Last Report

01/18/1995

4. FEI Number

59-1671575

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. 190.032,
Florida Statutes ☐ Yes ☒ No

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 607.04(2) and 607.15(2), 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 obligation of, Section 607.04(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	PD	☐ DELETE
2. NAME	RENNINGER, DONALD L	
3. STREET ADDRESS	4015 GRANTLINE RD	
4. CITY, STATE, ZIP	MIMS, FL 00000	
5. TITLE	ST	☐ DELETE
6. NAME	RENNINGER, RUTH S	
7. NAME	4015 GRANTLINE RD	
8. NAME	MIMS, FL 00000	
9. TITLE		☐ DELETE
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100. NAME		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
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95. STREET ADDRESS	
96. CITY, STATE, ZIP	
97. TITLE	☐ Change ☐ Addition
98. NAME	
99. STREET ADDRESS	
100. CITY, STATE, ZIP	

14. I 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 included 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. I am an officer or director of the corporation and the release of business information provided to expedite this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a supplemental report with an address.

SIGNATURE: Ruth S. Renninger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96

(407) 267-7615

CR2E034 (12/95)