

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90130 015 ***150.00

DOCUMENT # F93000005498

1. Corporation Name

FLORIDA RENEW CORPORATION

Principal Place of Business

3500 EASTERN BLVD.
MONTGOMERY AL 36116
US

Mailing Address

PO BOX 230967
MONTGOMERY AL 36123
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1993

4. FEI Number

63-1105482

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3500 Eastern Blvd

Suite, Apt. #, etc.

22 Montgomery, Al 36116

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P O Box 230967

Suite, Apt. #, etc.

27 Montgomery, Al 36123-0967

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ~~MARSHALL, TINA~~
STREET ADDRESS 3500 EASTERN BLVD
CITY-ST-ZIP MONTGOMERY AL

TITLE AS ☐ DELETE

NAME BARTLEY, IRENE
STREET ADDRESS 3500 EASTERN BLVD
CITY-ST-ZIP MONTGOMERY AL 36116

TITLE D ☐ DELETE

NAME ARONOV, JAKE F
STREET ADDRESS 3500 EASTERN BLVD
CITY-ST-ZIP MONTGOMERY AL 36116

TITLE D ☐ DELETE

NAME ARONOV, OWEN W
STREET ADDRESS 3500 EASTERN BLVD
CITY-ST-ZIP MONTGOMERY AL 36116

TITLE AS ☐ DELETE

NAME DAVIDSON, BRIAN
STREET ADDRESS 3500 EASTERN BLVD
CITY-ST-ZIP MONTGOMERY AL

TITLE AS ☐ DELETE

NAME GUILLIAMS, CAROL A
STREET ADDRESS 3500 EASTERN BLVD
CITY-ST-ZIP MONTGOMERY AL 36116

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Jeffrey T. Weil

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/99

334-271-0771

CR2E034 (11/98)