

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G74443 (4)

1. Corporation Name
RENFROE AND WHITE ARCHITECTS, P.A.



Principal Place of Business: **129 S KENTUCKY AVE STE 802 LAKELAND FL 33801-5073 US**
Mailing Address: **129 S KENTUCKY AVE STE 802 LAKELAND FL 33801-5073 US**

3. Date Incorporated or Qualified: **01/01/1984**
3a. Date of Last Report: **05/11/1995**
4. FEI Number: **59-2364211**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, JOHN CAMERON
129 S KENTUCKY AVE
STE 802
LAKELAND FL 33801**

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 principal place of business (if not the registrant)

Signature of Registered Agent (signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SHEETS, SAMUEL, G	
STREET ADDRESS	129 S KENTUCKY AVE #802	
CITY - ST - ZIP	LAKELAND, FL 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WHITE, JOHN C	
STREET ADDRESS	129 S KENTUCKY AVE #802	
CITY - ST - ZIP	LAKELAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENSTER, EDWARD H.	
STREET ADDRESS	5225 IMPERIAL LAKES BLVD	
CITY - ST - ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENFROE, LORRAINE	
STREET ADDRESS	112 HIAWATHA TRAIL	
CITY - ST - ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN *2

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	33801-5073
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	33801-5073
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	33860
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	33803
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(k), 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.

SIGNATURE: **JOHN C WHITE PRESIDENT** 2/9/96 741/683-6768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING

CR2E034 (12/95)