

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

**FILED**

**Apr 24 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G74443 (4)**

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



Principal Place of Business <b>129 S KENTUCKY AVE STE 802 LAKELAND FL 33801-5073 US</b>	Mailing Address <b>129 S KENTUCKY AVE STE 802 LAKELAND FL 33801-5073 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified <b>01/01/1984</b>	
4. FEI Number <b>59-2364211</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WHITE, JOHN CAMERON  
129 S KENTUCKY AVE  
STE 802  
LAKELAND FL 33801 -5073**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHEETS, SAMUEL, G</b>	
STREET ADDRESS	<b>129 S KENTUCKY AVE #802</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, JOHN C</b>	
STREET ADDRESS	<b>129 S KENTUCKY AVE #802</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000-33801-5073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MENSTER, EDWARD H.</b>	
STREET ADDRESS	<b>5225 IMPERIAL LAKES BLVD</b>	
CITY-ST-ZIP	<b>MULBERRY FL 33820</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RENFROE, LORRAINE</b>	
STREET ADDRESS	<b>112 HIAWATHA TRAIL</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>REBECCA RENFROE</b>	
STREET ADDRESS	<b>129 S KENTUCKY AV #802</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801-5073</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>33801-5073</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>33820</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>33803</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>S REBECCA RENFROE</b>
5.3 STREET ADDRESS	<b>129 S KENTUCKY AV #802</b>
5.4 CITY-ST-ZIP	<b>LAKELAND FL 33801-5073</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE \_\_\_\_\_ DATE **4/20/98**

CFR2034 (10/97)