

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G74443 (4)

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

Principal Place of Business

Mailing Address

129 S KENTUCKY AVE
STE 802
LAKELAND FL 33801-5073
US

129 S KENTUCKY AVE
STE 802
LAKELAND FL 33801-5073
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1984

4. FEI Number

59-2364211

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

25

29

30

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 -5073

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME SHEETS, SAMUEL, G
STREET ADDRESS 129 S KENTUCKY AVE #802
CITY-ST-ZIP LAKELAND, FL 00000 ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PTD
NAME WHITE, JOHN C
STREET ADDRESS 129 S KENTUCKY AVE #802
CITY-ST-ZIP LAKELAND, FL 00000-33801-5073 ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33801-5073

TITLE D
NAME MENSTER, EDWARD H.
STREET ADDRESS 5225 IMPERIAL LAKES BLVD
CITY-ST-ZIP MULBERRY FL 33820 ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33820

TITLE D
NAME RENFROE, LORRAINE
STREET ADDRESS 112 HIAWATHA TRAIL
CITY-ST-ZIP LAKELAND FL 33803 ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33803

TITLE S
NAME REBECCA RENFROE
STREET ADDRESS 129 S KENTUCKY AV #802
CITY-ST-ZIP LAKELAND FL 33801-5073 ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
REBECCA RENFROE
129 S KENTUCKY AV #802
LAKELAND FL 33801-5073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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.

SIGNATURE

4/20/98

941-683-6768

CR2E034 (10/97)