

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H53234

(1)

1. Corporation Number

THE RENFORD CORPORATION

Principal Place of Business

Mailing Address

6302 BENJAMIN RD
SUITE 411
TAMPA FL 33634
US

6302 BENJAMIN RD
SUITE 411
TAMPA FL 33634
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2529139

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

9. Does corporation have liability insurance under Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLOWAY, GERALDINE R.
705 W. AZEELE
TAMPA FL 33606

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 (05)(b), 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 (05)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title) _____

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME STREET ADDRESS CITY, ST, ZIP	PD RENTON, R. IAN 7504 AMBER COURT TAMPA FL
12.2 NAME STREET ADDRESS CITY, ST, ZIP	VST RENTON, DOREEN 7504 AMBER COURT TAMPA FL
12.3 NAME STREET ADDRESS CITY, ST, ZIP	
12.4 NAME STREET ADDRESS CITY, ST, ZIP	
12.5 NAME STREET ADDRESS CITY, ST, ZIP	
12.6 NAME STREET ADDRESS CITY, ST, ZIP	
12.7 NAME STREET ADDRESS CITY, ST, ZIP	
12.8 NAME STREET ADDRESS CITY, ST, ZIP	

13.1 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.2 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.8 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607 (04)(2)(b) Florida Statutes. I further certify that the information reported 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 on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

Doreen G. Renton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOREEN G. RENTON

4/27/95

(813) 882-0100