FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J35999** **(8)**

1. Corporation Name

RENEGADE MARINE, INCORPORATED

Principal Place of Business

RENEGADE MARINE INC
6128 SHERWIN DR
PORT RICHEY FL 34668
US

Mailing Address

RENEGADE MARINE INC
6128 SHERWIN DR
PORT RICHEY FL 34668
US

3. Date Incorporated or Qualified: **10/02/1986**

3a. Date of Last Report: **06/09/1995**

4. FEI Number: **59-2871755** ☐ 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 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 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SCOTT, GERALD D. SR.
3321 PINE VIEW DRIVE
HOLIDAY FL 34691

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. The 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

DATE

12. OFFICERS AND DIRECTORS

TITLE	**DPS**	☐ DELETE
NAME	**SCOTT, BETTY J.**	
STREET ADDRESS	**3321 PINEVIEW DR.**	
CITY-ST-ZIP	**HOLIDAY FL**	
TITLE	**DVT**	☐ DELETE
NAME	**SCOTT, GERALD D. S**	
STREET ADDRESS	**3321 PINEVIEW DR.**	
CITY-ST-ZIP	**HOLIDAY FL**	
TITLE	**DVP**	☐ DELETE
NAME	**SCOTT, GERALD JR.**	
STREET ADDRESS	**905 TRALEE AVE**	
CITY-ST-ZIP	**NEW PORT RICHEY FL**	
TITLE	**DVP**	☐ DELETE
NAME	**SCOTT, CRAIG W.**	
STREET ADDRESS	**5416 BLUEPOINT DR**	
CITY-ST-ZIP	**PT RICHEY FL**	
TITLE	**DVP**	☐ DELETE
NAME	**SCOTT, TODD M.**	
STREET ADDRESS	**9752 CLINTON LANE**	
CITY-ST-ZIP	**PT RICHEY FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
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		

CR2E034 (12/95)

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)(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: Betty Scott Betty Scott 4/26/96 813-842-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #