PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K75547** 1. Corporation Name

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90025 042 ***150.00

RENF	roe international, inc.				İ				
i									
Principal	Place of Business	Mailing Address							
	LES J. RENFROE, SR.	C/O CHARLES J. RENFROE.	SR.		İ				
		1926 SPEARING STREET JACKSONVILLE FL 32206			DO NOT WRITE IN THIS SPACE				
JACKSONVI	ILLE PL 32206	JACKSCHVILLE PL SZZOC			3. Date Incorporated or Qualifed		.,,,,,		
1					03/27/1989				
2. Princip	al Place of Business · ·	2a. Mailing Address			4. FEI Number		Apı	plied For	
21		26		•	26-6406374		No	t Applicable	
	Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		
22		27			5. Certificate of Status Desired	<u> </u>	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	1 , , , , , , , , , , , , , , , , , ,				
23		28			Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Countr	4	8. This corporation owes the currer			□No	
24	25		30)		Personal Property Tax. 10. Name and Address of New Re				
<u> </u>	9. Name and Address of Current	Registered Agent	8	Name	10. Maine and Address of New Ne	gistered A	gent		
H	RENFROE, CHARLES J., SR.		Ľ						
1926 SPEARING STREET				Street Add	treet Address (P.O. Box Number is Not Acceptable)				
	ACKSONVILLE FL 32206		8:	<u> </u>					
			Ľ						
	•	,	84	City		FL	85 Zip C	Code	
44 Durei	ent to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above	e-named con	poration submits this statement for the p		hanging its	registered	
office	uant to the provisions of Sections 607,0502 or registered agent, or both, in the State o t. I am familiar with, and accept the obligati	of Florida. Such change was aut	horized by	the corporati	ion's board of directors. I hereby accept	the appoint	ment as re	gistered	
ageni	t. I am tamıllar with, and accept the obligati	ons or, section our tools, Fight	Ja Slawie	ə .					
, T						-		{	
SIGNATU	RE Signature, typed or printed name of registered agent				ed when reinstaling)	DATE			i 6
SIGNATU	IRE Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F			ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND			1/98)
<u> </u>	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agi		The state of the s	ICERS AND	DIRECTO	RS IN 12	(11/98)
12.	Signature, typed or printed name of registered agent OFFICERS AND PTD RENFROE, CHARLES J S	and title if applicable. (NOTE: F	Registered Agr		The state of the s	ICERS AND			Ξ
12.	Signature, typed or printed name of registered agent OFFICERS AND PTD RENFROE, CHARLES J S RESS 2970 ST JOHNS AVE 3A	and title if applicable. (NOTE: F	13. 1.1 TITLE		The state of the s	ICERS AND			2E034 (11/98)
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTD RENFROE, CHARLES J S	and title if applicable. (NOTE: FD DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ont signature require	The state of the s	ICERS AND	☐ Change	☐ Addition	Ξ
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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, and an attachment with an address, with all other like empowered.

SIGNATURE: