

5-15-98 B- 7444 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 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 # **L23545**

(1)

1. Corporation Name

RENAR DEVELOPMENT COMPANY

Principal Place of Business

**7500 RESERVE BLVD
PT ST LUCIE FL 34986
US**

Mailing Address

**7500 RESERVE BLVD
PT ST LUCIE FL 34986
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1989

4. FEI Number

65-0181821

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.

22

City & State

23

Zip Country

24

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**DOSS, ARDEN, JF.
7500 RESERVE BLVD
PT ST LUCIE FL 34986**

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. 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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **DOSS, ARDEN, JR.**
STREET ADDRESS **7500 RESERVE BLVD**
CITY-STATE-ZIP **PT ST LUCIE FL**

TITLE **DCST** ☐ DELETE

NAME **DOSS, RENEE MOTTRAM**
STREET ADDRESS **7500 RESERVE BLVD**
CITY-STATE-ZIP **PT ST LUCIE FL**

TITLE **ST** ☐ DELETE

NAME **ROWE, RHONDA S.**
STREET ADDRESS **7500 RESERVE BLVD**
CITY-STATE-ZIP **PORT ST LUCIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**WILSON, CHERYL
7500 RESERVE BLVD.
PORT ST. LUCIE, FL 34986**

**VP
STOREY, MICHAEL
7500 RESERVE BLVD.
PORT ST. LUCIE, FL. 34986**

**VP
MOTTRAM, JEFFREY S.
7500 RESERVE BLVD.
PORT ST. LUCIE, FL. 34986**

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

[Signature]

4/29/98

(51) 418-0000

CR2E034 (10/97)