FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L33537 (6)

1. Corporation Name
THOMAS RENNO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1040 TRUMAN CIR. NOKOMIS FL 34275	% PETER J JAENSCH 2014 FOURTH ST SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1989
3a. Date of Last Report: 11/14/1994

2. Principal Place of Business 21 3400 S. Tamiami Trail	2a. Mailing Address 26 3400 S. Tamiami Trail	4. FEI Number 59-2366310	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 301	Suite, Apt. #, etc. 27 301	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 34239 / 25 Sarasota	Zip / Country 29 34239 / 30 Sarasota	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

JAENSCH, PETER J.
2014 FOURTH ST
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3400 S. Tamiami Trail
83 Suite 301
84 City: Sarasota FL 85 Zip Code: 34239

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 _____ 4/26/95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RENNO, THOMAS	1.2 NAME	
STREET ADDRESS	1040 TRUMAN CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	RENNO, DION EDWIN	2.2 NAME	
STREET ADDRESS	1040 TRUMAN CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	BARRERA, LORENZO	3.2 NAME	
STREET ADDRESS	2443 JANIE POE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	RENNO, BETTY JEAN	4.2 NAME	
STREET ADDRESS	1040 TRUMAN CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ 4/26/95 813 485-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas Renno President

0343200 CP