

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

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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

50 SEP 29 AM 11:51

DOCUMENT # **L33537** (6)

1. Corporation Name
THOMAS RENNO CONSTRUCTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~3400 S TAMIAHI TRAIL
SUITE 301
SARASOTA FL 34239
US~~

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SUITE 301
SARASOTA FL 34239
US~~

3. Date Incorporated or Qualified 11/29/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2366310	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**JAENSCH, PETER J.
3400 S TAMIAHI TRAIL
SUITE 301
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81. Name Thomas Renno
82. Street Address (P.O. Box Number is Not Acceptable) 1040 Truman Cir
83. City Nokomis
84. State FL
85. Zip Code 34275

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

[Handwritten signature]

8/14/96

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME
3. STREET ADDRESS	4. CITY-STATE-ZIP
5. TITLE	6. NAME
7. STREET ADDRESS	8. CITY-STATE-ZIP
9. TITLE	10. NAME
11. STREET ADDRESS	12. CITY-STATE-ZIP
13. TITLE	14. NAME
15. STREET ADDRESS	16. CITY-STATE-ZIP
17. TITLE	18. NAME
19. STREET ADDRESS	20. CITY-STATE-ZIP
21. TITLE	22. NAME
23. STREET ADDRESS	24. CITY-STATE-ZIP
25. TITLE	26. NAME
27. STREET ADDRESS	28. CITY-STATE-ZIP
29. TITLE	30. NAME
31. STREET ADDRESS	32. CITY-STATE-ZIP

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-10/04/96--01038--032
***\$225.00 ***\$225.00

[Handwritten signature]
9-20-96

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)(k), 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: *[Handwritten signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96