

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000000719 (3)

1. Corporation Name

RENALDO DESIGN COMPANIES, INC.

95 APR 20 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**4905 W. LAUREL STREET
SUITE #101
TAMPA FL 33607
US**

**4905 W. LAUREL STREET
SUITE #101
TAMPA FL 33607
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1992

3a. Date of Last Report

06/14/1994

4. FEI Number

59-3156626

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**

6. This corporation has liability for interstate 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

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RENALDO, JAMES A
4905 W. LAUREL STREET
SUITE #101
TAMPA FL 33607**

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

James A. Renaldo

JAMES A. RENALDO (PRES.)

4/12/95

(Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **RENALDO, PATRICIA A**
STREET ADDRESS **4904 W. LAUREL STREET, SUITE #101**
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **RENALDO, JAMES A**
STREET ADDRESS **4905 W. LAUREL STREET, SUITE 101**
CITY - ST - ZIP **TAMPA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **RENALDO, DIANA**
STREET ADDRESS **4905 W. LAUREL STREET, SUITE 101**
CITY - ST - ZIP **TAMPA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **RENALDO, STUART J**
STREET ADDRESS **4905 W. LAUREL STREET, SUITE 101**
CITY - ST - ZIP **TAMPA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

James A. Renaldo

JAMES A. RENALDO

4/12/95

(Type or print name of signing officer or director)

(Date)

(Chapter Number)

813 281 576