

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT STATE
Sandra B. Morn
Secretary of St
DIVISION OF CORPCIONS

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # P93000021285 (0)

1. Corporation Name

RENEGADE CONSTRUCTION SERVICES, INC.



Principal Place of Business

6065 PALM AVENUE
HIALEAH FL 33012

Mailing Address

6065 PALM AVENUE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1993

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Cry

4. FEI Number

65-0406192

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORES, GEORGINA
6065 PALM AVENUE
HIALEAH FL 33012

1 Name

2 Street Address (P.O. Box Number is Not Acceptable)

3

4 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D FLORES, GEORGINA
STREET ADDRESS 6065 PALM AVENUE
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE
NAME D FLORES, ARMANDO L
STREET ADDRESS 6065 PALM AVENUE
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 as of the date of filing. 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]

1/20/98 305 364 7471

CR2E034 (10/97)