

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000065159 (4)**

1. Corporation Name:

RENEW LIFE, INC.



Principal Place of Business

**1806 MARINER DRIVE
SUITE 313
TARPON SPRINGS FL 34689**

Mailing Address

**1806 MARINER DRIVE
SUITE 313
TARPON SPRINGS FL 34689**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WATSON, BRENDA T
1806 MARINER DRIVE
SUITE 313
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified
09/14/1993

3a. Date of Last Report
05/01/1995

4. FEE Number
59-3201484

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. 193.032
Florida Statutes ☐ Yes ☐ No

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 607.04(2) and 607.1503, 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 607.04(2), Florida Statutes.

SIGNATURE

Signature of the person accepting appointment as registered agent

Signature of New Agent (if different from above)

Date

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

WATSON, BRENDA T

STREET ADDRESS

1806 MARINER DRIVE, #313

CITY-STATE-ZIP

TARPON SPRINGS FL 34689

TITLE

D

NAME

WATSON, STAN

STREET ADDRESS

1806 MARINER DR #313

CITY-STATE-ZIP

TARPON SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

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

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)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as it makes under oath, that I am an officer or director of the corporation or the registered or bonded empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed or corrected an entry with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 813-7864778

CR2E034 (12/95)