

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 31 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053638
1. Corporation Name
Renue Enterprises Inc.

Principal Place of Business
1515 N. Beach St
Ormond Beach, FL
32174

Mailing Address
112 Anchor Dr.
Ponce Inlet, FL
32127

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-3258598		Applied For	
22	City & State	27	City & State	5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

Deborah B. Renee
1515 N. Beach St.
Ormond Beach, FL 32127

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Deborah B. Renee 6/24/97
(NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	CITY - ST - ZIP	13 STREET ADDRESS	14 CITY - ST - ZIP
TITLE	NAME	21 TITLE	22 NAME
STREET ADDRESS	CITY - ST - ZIP	23 STREET ADDRESS	24 CITY - ST - ZIP
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS	CITY - ST - ZIP	33 STREET ADDRESS	34 CITY - ST - ZIP
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS	CITY - ST - ZIP	43 STREET ADDRESS	44 CITY - ST - ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS	CITY - ST - ZIP	53 STREET ADDRESS	54 CITY - ST - ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY - ST - ZIP	63 STREET ADDRESS	64 CITY - ST - ZIP

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***165.00

8-5-97

14. I do 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 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: Deborah B. Renee 6-23-97 904-761-2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)