

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Henderson
Secretary of State
DIVISION OF CORPORATIONS
APR 26 1995

DOCUMENT # P94000079984 (8)

1. Corporation Name

RENAISSANCE/XXL ENGINEERING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

600 WHARF SIDE WAY
JACKSONVILLE FL 32207

Mailing Address

600 WHARF SIDE WAY
JACKSONVILLE FL 32207

600001490916

-05/17/95--01058--017

*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, CARLTON D
600 WHARF SIDE WAY
JACKSONVILLE FL 32207

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 607.0502 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

Signature (typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

JONES, CARLTON D

600 WHARF SIDE WAY

JACKSONVILLE FL 32207

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

DE LEON, NICO

C/O 600 WHARF SIDE WAY

JACKSONVILLE FL 32207

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

RIVERS, JOHN I

C/O 600 WHARF SIDE WAY

JACKSONVILLE FL 32207

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

LEWIS, JOHN W

C/O 600 WHARF SIDE WAY

JACKSONVILLE FL 32207

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

LEGGETT, STEVE M

C/O 600 WHARF SIDE WAY

JACKSONVILLE FL 32207

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

6. TITLE

62 NAME

63 STREET ADDRESS

64 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 110.07(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 proprietor or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95

(04) 396-9910