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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:

City-St-7iP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000009326 (6)

RENAISSANCE HOMES OF PINELLAS, INC.

Principal Place of Business Mailing Address 877 EXEC CENTER DRIVE WEST SUITE 303 877 EXEC CENTER DRIVE WEST SUITE 303 ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 3. Date Incorporated or Qualified 3a. Date of Last Report 02/03/1995 07/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 65-0554489 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 No 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent MASCARA, ERNEST L 81 Name 877 EXEC CENTER DRIVE WEST SUITE 303 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33702 83 84 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 title if applicable (NOTE Registered Agent's greature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELFTE TITLE 1 1 THEF Change ☐ Addition BASS, KEITH-NAME 1.2 NAME 101 PHILIPPE PKWY, #305-STREET ADDRESS 1.3 STREET ADDRESS SAFETY-HARBOR-FL-94095 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 TITLE DP HOVE, STEPHEN D NAME 2.2 NAME 101 PHILIPPE PKWY, #305 STREET ADDRESS 2.3 STREET ADDRESS Safety Harbor FL 34695 CITY-ST-ZIP 2 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4.1 TiTLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE DELFTE Addition 5.1 TO UE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - \$1 - 7 IP DELETE 600002206736 TITLE 61 TITLE NAME 62 NAME -06/10/97--01002--012

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 logal effect as if made under eath; 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 chapted, or on an attachment with an address.

***1485.00

-281-2119