FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000037910 (3)**

1. Corporation Name

RENEGADE MANAGEMENT OF NAPLES, FLORIDA INC.

Principal Place of Business

~~ROUTE 5 BOX 177 M~~
~~CHIPLEY FL 32428~~

Mailing Address

~~ROUTE 5 BOX 177 M~~
~~CHIPLEY FL 32428~~

3. Date Incorporated or Qualified: 05/12/1995

3a. Date of Last Report

2. Principal Place of Business
21 839 BRIARWOOD BLVD.
Suite, Apt. #, etc.
22
City & State
23 NAPLES, Fl.
24 Zip 33942
25 Country COLLIER

2a. Mailing Address
26 839 BRIARWOOD BLVD
Suite, Apt. #, etc.
27
City & State
28 NAPLES, Fl.
29 Zip 33942
30 Country COLLIER

4. FEI Number: 59-3314945 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FISCHER, JOHN H
~~ROUTE 5 BOX 177 M~~
~~CHIPLEY FL 32428~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 839 BRIARWOOD BLVD.
83
84 City NAPLES FL 85 Zip Code 33942

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] PRESIDENT 4/6/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	~~ROUTE 5 BOX 177 M~~	
CITY-ST-ZIP	~~CHIPLEY FL 32428~~	
TITLE	V	☐ DELETE
NAME	FLEMING, KENNETH A	
STREET ADDRESS	~~ROUTE 5 BOX 177 M~~	
CITY-ST-ZIP	~~CHIPLEY FL 32428~~	
TITLE	ST	☐ DELETE
NAME	FISCHER, DEBRA J	
STREET ADDRESS	~~ROUTE 5 BOX 177 M~~	
CITY-ST-ZIP	~~CHIPLEY FL 32428~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	839 BRIARWOOD BLVD	
1.4 CITY-ST-ZIP	NAPLES, Fl. 33942	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	839 BRIARWOOD BLVD	
2.4 CITY-ST-ZIP	NAPLES, Fl. 33942	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	839 BRIARWOOD BLVD	
3.4 CITY-ST-ZIP	NAPLES, Fl. 33942	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	~~900001789985~~	☐ Change ☐ Addition
5.2 NAME	~~-04/23/96--01028--022~~	
5.3 STREET ADDRESS	~~***200.00~~	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	600001790076	
6.3 STREET ADDRESS	-04/23/96--01028--041	
6.4 CITY-ST-ZIP	***200.00	

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)(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 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] JOHN H. FISCHER 4/6/96 941 261-9163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)