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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000059394 (3)

RENMAR OF MANATEE, INC.

Principal Place of Business

Mailing Address

FILED May 22 1998 8:00am Secretary of State



8643 MIDNIGHT PASS ROAD 6643 MIDNIGHT PASS ROAD SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1995 4. FEI Number Applied For 65-0605300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the correct year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent SNODELL, MARILYN A 6643 MIDNIGHT PASS ROAD 82 **SARASOTA FL 34242** 83 84 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 (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 THUE Change Addition **BUTYN, RENE** NAME 12 NAME 785 SIESTA DR STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP 1.4 City-St-ZiP TITLE DELETE 2.1 TITLE ... Change Addition NAME **SNODELL, MARILYN** 2.2 NAME 4925 OXFORD DR STREET ADDRESS 2.3 STREET ADDRESS **SARASOTA FL 34242** CITY-ST-ZIP 2. 4 CITY-S1-ZIP TITLE DELF TE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 1ITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE ☐ Change NAME 62 NAME 900002534339 63 STREET ADDRESS -05/26/38--01007--004 STREET ADDRESS CITY-ST-ZIP ***150.00 6.4 CITY-ST-ZIP 14. I 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 suppliemental 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