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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000077738 (9)

RENEGADE INVESTMENTS OF EAGLE CREEK, INC.

Principal Place of Business 839 BRIARWOOD BLVD. NAPLES FL 33942		Mailing Address 839 BRIARWOOD BLVD. NAPLES FL 33942				
					3. Date Incorporated or Qualified 10/10/1995	a. Date of Last Report
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 65-06/1104	Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	en kannangan meneralah	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b> ]	Country 25	Zip   <b>29</b>	Count   <b>30</b>	ry 	8. This corporation has liability for intan Florida Statutes 7.1 Yes	No
NOLD	9. Name and Address of Curren	it Registered Agent	8	1 Name	10. Name and Address of New Regis	stered Agent
NOLD, JOHN A 995 N. COLLIER BLVD. ROYAL PALM MALL			8		ess (P.O. Box Number is Not Acceptable)	
	ISLAND FL		8			FL 85 Zip Code
11. Pursuant i or register familiar wi SIGNATURE	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of Sections of	ion 607.0505, Florida Stalute:	S.	named corpor poration's boar pert signature require	ation submits this statement for the purpose d of directors. Thereby accept the appoints dwwn.ionstating. ADDITIONS/CHANGES TO OFFICER	DATE
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D P FISCHER, JOHN H 839 BRIARWOOD BLVD. NAPLES FL 33942	[] DELETE	1 1 10 L 12 NAM	EF ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D V [] DELETE FLEMING, KENNETH 839 BRIARWOOD BLVD. NAPLES FL 33942		2 1 THL 22 NAM	E EL ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-S1-7IP	O S/T FISCHER DEBRAJ 839 Briarwood Blvd Naples, Fl. 33942	٠.	3 1 THL 3 2 NAM	E E EL ACIDRESS		☐ Change <b>X</b> Addition
TITLE NAME STREET ADDRESS OITY-ST-ZIP		☐} DELETE	4. 1 TIFL 4.2 NAM	E E) address		[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(_) DELETE	5 1 HIL 5 2 NAM	E E E1 ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	6 1 Till 6 2 NAM	E E LI ADDRESS		Change Addition

1. 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 dector of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or in a fall inherent with an address.

SIGNATURE.

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

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