SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary o State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000078430 (2) RENEGADE FINANCIAL SERVICES, INC. Mailing Address Principal Place of Business 300 TIMBERLANE ROAD 300 TIMBERLANE ROAD TALLAHASSEE FL 32312 3a. Date of Last Report TALLAHASSEE FL 32312 3. Date Incorporated or Qualified 10/12/1995 Applied For 2a. Mailing Address Not Applicable 2. Principal Place of Business 26 \$8.75 Additional 21 Suite, Apt #, etc Fee Required Suite, Apt #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 This corporation has liability for intangible tax under s 199 032. 23 Country Zip Yes No Country Zφ Florida Statutes 30 25 29 Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name TREADWAY, DOUGLAS D Street Address (P.O. Box Number is Not Acceptable) 82 300 TIMBERLANE ROAD В3 TALLAHASSEE FL 32312 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE Regulated Apert signature required when receiving) (IAII SIGNATURE Signature, typica so prints for your of a proceed a proceed the diapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 11116 **CR2E034** TITLE Dougles -1.2 NAME NAME 13 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 2 1 TillE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 7IP Change Addition CITY - ST - ZIP DELETE 3.1 TO LE TITLE NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST ZIP DELETE 4.1 TITLE THLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHTY - ST - ZIP Change Addition DITY-ST-ZiP DELETE 5.1 Title TITLE 5.2 NAM9 NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7/P Addition DITY-ST-7IP 61 THLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. If do hereby certify that the information supplied with this liking is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statilles 1 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 logar effect as if made under early that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 or Brock 13 if criting (3) or on an attachment with an address Dayton Proper SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP

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