FILED

May 05, 1999 8:00 am Secretary of State

05-05-1999 90195 002 ***150.00

Maifing Address

1801 SHERWOOD DRIVE

TALLAHASSEE FL 32303

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085795

1. Corporation Name

Principal Place of Business 1801 SHERWOOD DRIVE

TALLAHASSEE_FL_32303

CITY-ST-ZIP

RENEGADE OF TALLAHASSEE, INC.

US		US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				11/08/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3350577	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	• • • • • • • • • • • • • • • • • • • •	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	
⊢ `	±' 25	<u> </u>	30	Personal Property Tax.	∏Yes ☐No
24				10. Name and Address of New Registered	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
RANKIN, ROGER DAVID					
2660 SOUTH BALDWIN DRIVE					
TALLAHASSEE FL 32308					
			84 City		85 Zip Code
Tallahatter FL 32373					
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 signature required when reinstating) DATE					
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 T/TLE		☐ Change ☐ Addition
NAME	RANKIN, ROGER DAVID		1.2 NAME		
STREET ADDRESS	1801 SHERWOOD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP		
TITLE	STD	□ DELETE	2.1 TITLE		Change Addition
	V.V		2.2 NAME		_ ,
NAME	RANKIN, DEBORAH C				
STREET ADDRESS	1801 SHERWOOD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP		Channe
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	, dec. a.		4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAME		_ ·
			5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		D or cr	5.4 CITY- ST-ZIP 6.1 TITLE		Change Addition
TITLE	•	☐ DELETE			☐ cusinge ☐ woorton
NAME	81,		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: