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

PROFIT
CORPORATION
ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000006816**

1. Corporation Name

**GROUT RENEW INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2248 CLIPPER WAY | 2248 CLIPPER WAY |
| NAPLES FL 33942 | NAPLES FL 33942 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
**01/18/1996**

| | | 4. FEI Number | Applied For |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | **65-0639966** | Not Applicable |
| 21 | 26 | | **$8.75** Additional |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certifcate of Status Desired ☐ | Fee Required |
| 22 | 27 | | |
| 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 Intangible | |
| 24 | 25 | 29 | 30 | Personal Property Tax. ☐ Yes ☐ No |

| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |
|---|---|---|
| STEPHENSON, DAWN S | 81 | Name |
| 2248 CLIPPER WAY | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| NAPLES FL 33942 | 83 | |
| | 84 | City                FL  85  Zip Code |

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 AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **P** ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME **STEPHENSON, DAWN S** | 1.2 NAME | | |
| STREET ADDRESS **2248 CLIPPER WAY** | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP **NAPLES FL** | 1.4 CITY-ST-ZIP | | |
| TITLE **VP** ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME **STEPHENSON, MICHAEL D** | 2.2 NAME | | |
| STREET ADDRESS **2248 CLIPPER WAY** | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP **NAPLES FL** | 2.4 CITY-ST-ZIP | | |
| 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 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP | | |
| TITLE ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | 5.2 NAME | | |
| STREET ADDRESS | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP | | |
| TITLE ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | 6.2 NAME | | |
| STREET ADDRESS | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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.

SIGNATURE: ✗ _____    4/27/99    643-4013 (941)

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