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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000031802 (7)**

1. Corporation Name
**RENAISSANCE DEVELOPMENT COMPANY OF FORT PIERCE**

| Principal Place of Business | Mailing Address |
|---|---|
| 718 BOSTON AVENUE<br>FORT PIERCE FL 34950 | 718 BOSTON AVENUE<br>FORT PIERCE FL 34950-4151 |

3. Date Incorporated or Qualified: 04/11/1996
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 717 Orange Ave | 26 717 Orange Ave |
| Suite, Apt #, etc. 22 | Suite, Apt #, etc. 27 |
| City & State 23 Fort Pierce Florida | City & State 28 Fort Pierce FL |
| Zip 24 34950 Country 25 St.Lucie | Zip 29 34950 Country 30 StLucie |

4. FEI Number: 65-0658912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: H. Rae Pike
82 Street Address (P.O. Box Number is Not Acceptable)
83 717 Orange Ave
84 City: Fort Pierce FL 85 Zip Code: 34950

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: H. Rae Pike H. Rae Pike
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PIKE, STEVEN H<br>718 BOSTON AVENUE<br>FORT PIERCE FL 34950 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | VO<br>JEFFERY A. Bowers.<br>728 Michaels Court<br>Stuart FL 34996 ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LARSEN, WAYNE A<br>718 BOSTON AVENUE<br>FORT PIERCE FL 34950 ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Ass SD<br>Lisa M. Bowers<br>728 michaels court<br>Stuart FL 34996 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>PIKE, RAE<br>718 BOSTON AVENUE<br>FORT PIERCE FL 34950 ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | TD<br>Linda B. Davi<br>2911 Mohawk Ave<br>Fort Pierce FL 34946 ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LARSEN, BEVERLY P<br>718 BOSTON AVENUE<br>FORT PIERCE FL 34950 ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Ass TD<br>Stephen J. Davi<br>2911 Mohawk Court<br>Fort Pierce FL 34946 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do 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.

**SIGNATURE:** Rae Pike H. Rae Pike 4/11/97 561 467 9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473752