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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000033024 (6)

1. Corporation Name
RENEW, INC.

Principal Place of Business

2643 US 19
HOLIDAY FL 34691
US

Mailing Address

~~2643 US 19~~
~~HOLIDAY FL 34691~~
CHANGE
5506 BAKER RD
NEW PORT RICHEY, FL. 34658

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1996

4. FEI Number

59-3373709

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

TORRIE, SCOTT
10220 US HIGHWAY 19
STE. 300
PORT RICHEY FL 34688

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

TITLE ☐ DELETE

NAME DP
HAIRE, MICHAEL
STREET ADDRESS 2615 AKITA PLACE
CITY-ST-ZIP HOLIDAY FL

TITLE ☐ DELETE

NAME VP
HAIRE, ROBERT
STREET ADDRESS 135 DOLPHIN DR SO.
CITY-ST-ZIP OLDSMAR FL

TITLE ☒ DELETE

NAME ST
HAIRE, JOANN L.
STREET ADDRESS 2615 AKITA PL.
CITY-ST-ZIP HOLIDAY FL

TITLE ☒ DELETE

NAME D
WISGARDA, GARY
STREET ADDRESS 3117 LAIRD DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☒ DELETE

NAME D
BROWM, WILLIAM
STREET ADDRESS 8925 NAPA LOOP
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP
HAIRE, MICHAEL
1.3 STREET ADDRESS 5506 BAKER RD
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34658

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME ST.
HAIRE, TERESA
3.3 STREET ADDRESS 5506 BAKER RD
3.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34658

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Michael E. Haire* DP MICHAEL E. HAIRE DP 4-15-98 813-942-8211
AFTER 3 PM

CR2E034 (10/97)