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May 08 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 # P96000042355 (3)

1. Corporation Name
OUTDOORS RENAISSANCE, INC.

Principal Place of Business
3436 MAGGIE BLVD.
ORLANDO FL 32811

Mailing Address
3436 MAGGIE BLVD.
ORLANDO FL 32811-6608



3. Date Incorporated or Qualified
05/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 466 W. Oak Ridge Rd.

26 466 W. Oak Ridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32809

25

USA

29 32809

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTT, WARREN P

16700 16525 PABLO ISLAND DRIVE
GROVELAND FL 34738

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
16700 Pablo Island Dr.

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 ☐ DELETE

1.1 TITLE D/P ☐ Change ☒ Addition

NAME

1.2 NAME Warren P. Butt

STREET ADDRESS

1.3 STREET ADDRESS 466 W. Oak Ridge Rd.

CITY-ST-ZIP

1.4 CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ DELETE

2.1 TITLE D/VP ☐ Change ☒ Addition

NAME

2.2 NAME Timothy M. Butt

STREET ADDRESS

2.3 STREET ADDRESS 466 W. Oak Ridge Rd.

CITY-ST-ZIP

2.4 CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ DELETE

3.1 TITLE D/T ☐ Change ☒ Addition

NAME

3.2 NAME Marguerite Ryan

STREET ADDRESS

3.3 STREET ADDRESS 466 W. Oak Ridge Rd.

CITY-ST-ZIP

3.4 CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ DELETE

4.1 TITLE S ☐ Change ☒ Addition

NAME

4.2 NAME Angela K. Snyder

STREET ADDRESS

4.3 STREET ADDRESS 466 W. Oak Ridge Rd.

CITY-ST-ZIP

4.4 CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ DELETE

5.1 TITLE D ☐ Change ☒ Addition

NAME

5.2 NAME Tiffany Edwards

STREET ADDRESS

5.3 STREET ADDRESS 466 W. Oak Ridge Rd.

CITY-ST-ZIP

5.4 CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ DELETE

6.1 TITLE D ☐ Change ☒ Addition

NAME

6.2 NAME Sharon Butt

STREET ADDRESS

6.3 STREET ADDRESS 466 W. Oak Ridge Rd.

CITY-ST-ZIP

6.4 CITY-ST-ZIP Orlando, FL 32809

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: *Warren P. Butt* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)