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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 01 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000075643 (2)

RENAISSANCE BUILDERS, INC.

Principal Place of Business Mailing Address 23 WRIGHT PKWY. 23 WRIGHT PKWY. HINT N LIMIT D DO NOT WRITE IN THIS SPACE FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 3. Date Incorporated or Qualified 09/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3398427 Not Applicable Suite, Apt. #, etc Suitu, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HODGES, JOHN 23 WRIGHT PKWY. 82 Street Address (P.O. Box Number is Not Acceptable) UNIT D **B3** FORT WALTON BEACH FL 32548 84 City Zip Code 85 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 Lorida. 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 requirered agent and title if apper able (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELFTE 1.1 TITLE ☐ Change Addition HODGES, JOHN NAME 1.2 NAME 23 WRIGHT PKWY., UNITE D STREET ADDRESS 1.3 STREET ADDRESS FORT WALTON BEACH FL 32548 CITY - ST - 71P 1.4 City-St-7iP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition 5.1 TATLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change noitibhA TITLE 61 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. Thereby certify that the information supplied with this filling 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 supplierriental 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: 4850 243-2711