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 # P98000014826

1. Corporation Name

RENEDON INC

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90024 011 ***150.00

HENEDC	71, IIIO·							
<u></u>						_\		
Principal Place	e of Business	Mailing Address						
		800 W LAKESHORE DR CLERMONT FL 34711						
						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed 02/13/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1	plied For	
21		26				59-3493644		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & State		City & State				A Station Consider States		
<u> </u>		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip Country			8. This corporation owes the current year		51005	
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre		1001			10. Name and Address of New Registere	d Agent	~
				81 Na	me			
	CY, DONALD H			82 Sti	Adden	ess (P.O. Box Number is Not Acceptable)		
	W LAKESHORE DR		ļ	02 511	eet Addre	ess (P.O. Box Nulliber is Not Acceptable)		
CLE	RMONT FL 34711		Ĭ	83				
				84 0			. 85 Zip C	- Odo
			ļ	84 Cit	У	F	L 85 Zip C	,oue
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the ab	ove-nai	ned corpo	oration submits this statement for the purpose	of changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a stions of, Section 607,0505. Fl	authorized orida Statu	by the oten	corporation	n's board of directors. I hereby accept the app	oointment as re	gistered
	m ignition with, and dosopt the obliga							
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	E: Registered	Agent sign:	ture required	when reinstating) DATE		
12.		ND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TIT	LE			Change	Addition
NAME	TRACY, DONALD H		1.2 NA					Ĭ
STREET ADDRESS	800 W LAKESHORE DR		1.3 STF	REET ADD	RESS			
CITY-ST-ZIP	CLERMONT FL 34711			4/ 07 7/0				,
TITLE	STD			Y-ST-ZIP			Chases	Addition
NAME		☐ DELETE	2.1 TIT	LE			☐ Change	Addition
STREET ADDRESS	TRACY, IRENE L	☐ DELETE	2.1 TITI 2.2 NAI	LE ME			☐ Change	Addition
1	800 W LAKESHORE DR	☐ DELETE	2.1 TITI 2.2 NAI	LE	RESS		☐ Change	☐ Addition
CITY-ST-ZIP			2.1 TITI 2.2 NAI 2.3 STR 2.4 CIT	LE ME REET ADDA IY-ST-ZIP	RESS			
TITLE	800 W LAKESHORE DR	☐ DELETE	2.1 TITT 2.2 NA/ 2.3 STF 2. 4 CIT 3.1 TITT	LE ME REET AODF IY-ST-ZIP LE	RESS		Change	Addition
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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: