

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90046 034 ***150.00

DOCUMENT # P98000023302

1. Corporation Name
RENSTAR, INC.

Principal Place of Business
435 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

Mailing Address
435 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1998

4. FEI Number

59-3496313

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 200 S.W. 8th STREET

Suite, Apt. #, etc.

22 Suite B

City & State

23 Ocala FL

Zip

24 34474

Country

25 USA

2a. Mailing Address

26 200 S.W. 8th STREET

Suite, Apt. #, etc.

27 Suite B

City & State

28 Ocala, FL

Zip

29 34474

Country

30 USA

9. Name and Address of Current Registered Agent

BELUS, ALLEN
435 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name Joseph Sorrentino

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

200 SW 8th Street

83 Suite B

84 City Ocala

FL

85 Zip Code

34474

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

Joseph Sorrentino

Joseph Sorrentino

3/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Joseph Sorrentino

STREET ADDRESS 200 SW 8th ST Suite B

CITY-ST-ZIP Ocala FL 34474

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Joseph Sorrentino

1.3 STREET ADDRESS 200 SW 8th ST Suite B

1.4 CITY-ST-ZIP Ocala FL 34474

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Joseph Sorrentino

Date

3/22/99

Daytime Phone #

352-629-5800

CR2F034 (11/98)