

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114176

Entity Name: RENEGADE TESTING & INSPECTION, INC.**Current Principal Place of Business:**372 WEST GRANT STREET
ORLANDO, FL 32806**Current Mailing Address:**P.O. BOX 568931
ORLANDO, FL 32856**FEI Number:** 20-5596428**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CEO
Name SAVOY, CLAY
Address 4301 HWY 27 SOUTH
City-State-Zip: SULPHUR LA 70665

Title PRESIDENT
Name BARBIER, SCOTT
Address 671 WHITNEY AVE
 BLDG B
City-State-Zip: GRETN LA 70056

Title CFO
Name COHN, DAVID
Address 671 WHITNEY AVE
 BLDG B
City-State-Zip: GRETN LA 70056

Title TREASURER
Name FULTZ, DARREN
Address 131 VARICK STREET
 SUITE 1034
City-State-Zip: NEW YORK NY 10013

Title SECRETARY
Name SAVAGE, MATTHEW
Address 131 VARICK STREET
 SUITE 1034
City-State-Zip: NEW YORK NY 10013

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID COHN

CFO

02/16/2016

Electronic Signature of Signing Officer/Director Detail_____
Date