

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L20219** (6)
1. Corporation Name
PHOENIX RESTORATION AND DEVELOPMENT CORPORATION



Principal Place of Business
**811 N GRANDVIEW
MT DORA FL 32757
US**

Mailing Address
**811 N GRANDVIEW
MT DORA FL 32757
US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/02/1989	3a. Date of Last Report 05/16/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FET Number 59-2972456	Applied For ☐ Not Applicable ☐
22. City & State	27. City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**BOARDMAN, CRAIG, C
811 N GRANDVIEW
MT DORA FL 32757**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code FL

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 date of signature

Signature typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BOARDMAN, CRAIG, C 811 N GRANDVIEW MT DORA FL CITY-ST-ZIP	1.1 TITLE	☐ Change ☐ Addition
NAME	BOARDMAN, KAREN, B 811 N GRANDVIEW MT DORA FL CITY-ST-ZIP	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	D CROSON, JAMES, A 701 HWY 48 SORRENTO FL CITY-ST-ZIP	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
		2.1 TITLE	☐ Change ☐ Addition
		2.2 NAME	☐ Change ☐ Addition
		2.3 STREET ADDRESS	☐ Change ☐ Addition
		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
		3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	☐ Change ☐ Addition
		3.3 STREET ADDRESS	☐ Change ☐ Addition
		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
		4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	☐ Change ☐ Addition
		4.3 STREET ADDRESS	☐ Change ☐ Addition
		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
		5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	☐ Change ☐ Addition
		5.3 STREET ADDRESS	☐ Change ☐ Addition
		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	☐ Change ☐ Addition
		6.3 STREET ADDRESS	☐ Change ☐ Addition
		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Craig C. Boardman* **CRAIG C. BOARDMAN** 29 May 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)