

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000080213 (0)
 1. Corporation Name
SEMCO RESTORATION, INC.



Principal Place of Business	Mailing Address
205 CENTURY BLVD BARTOW FL 33830	205 CENTURY BLVD BARTOW FL 33830-7705

3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 780
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Bartow FL
24 Zip Country	29 33831 30 USA

4. FEI Number 59-3208463	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOCKE, CARL E JR 205 CENTURY BLVD BARTOW FL 33830				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BEASLEY, DANNY		1.2 NAME				
STREET ADDRESS	205 CENTURY BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP				
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOENDREE, PATRICIA		2.2 NAME				
STREET ADDRESS	205 CENTURY BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL		2.4 CITY-ST-ZIP				
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOCKE, CARL E.		3.2 NAME				
STREET ADDRESS	205 CENTURY BLVD		3.3 STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL 33830		3.4 CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOCKE, SHANE		4.2 NAME				
STREET ADDRESS	205 CENTURY BLVD		4.3 STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL 33830		4.4 CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOCKE, CARL E. JR.		5.2 NAME				
STREET ADDRESS	205 CENTURY NLVD		5.3 STREET ADDRESS				
CITY-ST-ZIP	BARTOW FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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; 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, changed, or on an attachment with an address.

SIGNATURE _____ DATE **3/12/97** 0414533 7030

CR2E034 (9/96)