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FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90052 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V21238

1. Corporation Name

RESTORATION ASSISTANCE, INC.

Principal Place of Business

1379 CROSS CREEK CIR.  
TALLAHASSEE FL 32301  
US

Mailing Address

RT. 2, BOX 393A  
TALLAHASSEE FL 32311  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1992

4. FEI Number

59-3111684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 3752 Bobbin Brook W  
Suite, Apt. #, etc.

2a. Mailing Address

26 3752 Bobbin Brook W  
Suite, Apt. #, etc.

22 Tallahassee, FL  
City & State

27 Tallahassee, FL  
City & State

23 32312 USA  
Zip Country

28 32312 USA  
Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

DUGAN, W. DAVID  
1775 W. HIBISCUS BLVD.  
SUITE 209  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name PATRICIA J. DUGAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
3752 Bobbin Brook W  
83 Tallahassee  
84 City FL 85 Zip Code 32312

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

*Patricia J. Dugan*  
Signature, typed or printed name of registered agent and title if applicable.

PATRICIA J. DUGAN

1/8/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME DUGAN, PATRICIA  
STREET ADDRESS RT. 2, BOX 393A  
CITY-ST-ZIP TALLAHASSEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST  
1.2 NAME DUGAN, PATRICIA  
1.3 STREET ADDRESS 3752 Bobbin Brook W  
1.4 CITY-ST-ZIP Tallahassee, FL 32312

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

*Patricia J. Dugan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/98 (850) 907-0006  
Date Daytime Phone #

CR2E034 (11/98)