#### 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 313048

Entity Name: PAUL DAVIS RESTORATION, INC.

# **Current Principal Place of Business:**

5210 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256

## **Current Mailing Address:**

5210 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256 US

## FEI Number: 59-1163122

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Mar 16, 2016 Secretary of State CC8362691117

Certificate of Status Desired: Yes

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

## Officer/Director Detail :

Title	D	Title	D, S, T
Name	CHASE, CHARLES E	Name	ROY, KEVIN
Address	150 GREEN TREE RD., SUITE 1003	Address	1140 BAY STREET, SUITE 4000
City-State-Zip:	OAKS PA 19456	City-State-Zip:	TORONTO ON M5S 2B4
Title	D	Title	CFO
Name	COOKE, DOUGLAS G	Name	FLOYD, BARRY
Address	1140 BAY STREET, SUITE 4000	Address	5210 BELFORT ROAD SUITE 300
City-State-Zip:	TORONTO ON M5S 2B4	City-State-Zip:	JACKSONVILLE FL 32256
Title	D, CEO	Title	D
Name	WILSON, RICHARD D.	Name	SUSZYNSKI, JEFF
Address	5210 BELFORT ROAD SUITE 300	Address	11900 WASHINGTON STREET
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	CHAGRIN FALLS OH 44023

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: BARRY FLOYD

CFO

Electronic Signature of Signing Officer/Director Detail

Date