FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004586 (3)**

1. Corporation Name
RESTORATION EAST, INC.

Principal Place of Business	Mailing Address
1020 N. KRESSON STREET BALTIMORE MD 21205	1020 N. KRESSON STREET BALTIMORE MD 21205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/06/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4209 E Chase St	26 4209 E Chase St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Balto MD	28 Balto MD
24 21205 Zip / 25 Country	29 21205 Zip / 30 Country

4. FEI Number: **22-2921229** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARKHUFF, WALDO H 9220 BONITA BEACH ROAD, SUITE 220 BONITA SPRINGS FL 33923	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	PC	11 TITLE		☐ Change ☐ Addition
NAME	HACH, WILLIAM W	12 NAME		
STREET ADDRESS	103 MIDHURST ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21212	14 CITY-ST-ZIP		
TITLE	VCV	21 TITLE		☑ Change ☐ Addition
NAME	HUGHES, JAMES N	22 NAME		
STREET ADDRESS	1305 HOLLIBEN ROAD	23 STREET ADDRESS	4 Sherburn Ct.	
CITY-ST-ZIP	SEVERNA PARK MD 21146	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	HAGGERTY, WILLIAM J	32 NAME		
STREET ADDRESS	13756 NICHOLS DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	CLARKSVILLE MD 21029	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	HELMACY, LOUIS J	42 NAME		
STREET ADDRESS	658 CHARENTE COURT	43 STREET ADDRESS		
CITY-ST-ZIP	GLEN BURNI MD 21061	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: William J. Haggerty 4-17-95 (410) 563-4972
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

William J. Haggerty

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