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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000003200 (1)

1. Corporation Name
RESTOR-AIT, INC.



Principal Place of Business

Mailing Address

4501 VINELAND ROAD
ORLANDO FL 32811

4501 VINELAND ROAD
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2900 TITAN RD

Suite, Apt. #, etc.

22 SUITE 142

City & State

23 ORLANDO, FL 32809

Zip

24 32809

Country

25 ORANGE

2a. Mailing Address

26 945 E. PALMS FERRY, RD.

Suite, Apt. #, etc.

27 SUITE 2240

City & State

28 ATLANTA, GA

Zip

29 30326

Country

30 FULTON

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

59-3331808

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CAUTHEN, WILLIAM H
CAUTHEN & FELDMAN, P.A.
215 NORTH JOANNA AVE.
TAVARES FL 32778

10. Name and Address of New Registered Agent

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 WILLIAM H. CAUTHEN

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/31/98

12. OFFICERS AND DIRECTORS

TITLE VDT ☐ DELETE

NAME GERGEL, MARK A
STREET ADDRESS 4501 VINELAND ROAD
CITY-ST-ZIP ORLANDO FL 32811

TITLE S ☐ DELETE

NAME KIDDER, MARTIN D
STREET ADDRESS 4501 VINELAND ROAD
CITY-ST-ZIP ORLANDO FL 32811

TITLE C ☐ DELETE

NAME ODOM, STEVEN A
STREET ADDRESS 4501 VINELAND ROAD
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VDT ☒ Change ☐ Addition

1.2 NAME GERGEL, MARK A.
1.3 STREET ADDRESS 945 E. PALMS FERRY ROAD - SUITE 2240
1.4 CITY-ST-ZIP ATLANTA, GA 30326

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME KIDDER, MARTIN D.
2.3 STREET ADDRESS 945 E. PALMS FERRY ROAD - SUITE 2240
2.4 CITY-ST-ZIP ATLANTA, GA 30326

3.1 TITLE C ☒ Change ☐ Addition

3.2 NAME ODOM, STEVEN A
3.3 STREET ADDRESS 945 E. PALMS FERRY ROAD - SUITE 2240
3.4 CITY-ST-ZIP ATLANTA, GA 30326

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

CR2E034 (10/97)