

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

001226

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90123 011 ***150.00

DOCUMENT # F98000002026

1. Corporation Name

PROFESSIONAL RESTORATION GROUP, INC.



Principal Place of Business

333 FALKENBURG RD. NORTH, STE. B233
TAMPA FL 33619

Mailing Address

333 FALKENBURG RD. NORTH, STE. B233
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1998

4. FEI Number

56-1990132

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1609 B Gulf Shores Pkwy
Suite, Apt. #, etc.

2a. Mailing Address

26 1609 B Gulf Shores Pkwy
Suite, Apt. #, etc.

City & State

23 Gulf Shores, AL
Zip Country

City & State

28 Gulf Shores, AL
Zip Country

24 36542

25 Baldwin

29 36542

30 Baldwin

9. Name and Address of Current Registered Agent

CARGILL, CRAIG S
333 FALKENBURG RD. NORTH, STE. B233
TAMPA FL 33619

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME CARGILL, CRAIG S
STREET ADDRESS 333 FALKENBURG RD. NORTH, STE. B233
CITY-ST-ZIP TAMPA FL 33619

TITLE DST ☐ DELETE
NAME BRETT, CHRISTOPHER J
STREET ADDRESS 333 FALKENBURG RD. NORTH, STE. B233
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ DELETE
NAME George Lester
STREET ADDRESS 1609 B Gulf Shores Pkwy.
CITY-ST-ZIP Gulf Shores, AL 36542

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG S CARGILL

Date

1/13/99 334-967-2333

Daytime Phone #

CR2E034 (11/98)