SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

96 AUG -7 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J02826** **(2)**

1. Corporation Name

PARKER BEACH RESTORATION, INC.

Principal Place of Business	Mailing Address
21CR 62 BOX 70 32322 FRANKLIN CARRABELLE FL 32322 US	21CR 62 BOX 70 HCR 62, BOX 70 CARRABELLE FL 32322 US

3. Date Incorporated or Qualified	3a. Date of Last Report
03/07/1986	06/21/1995

4. FEI Number: 59-2649503 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 HCR 62, Box 70	26 HCR 62, Box 70
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Carrabelle, FLORIDA	City & State 28 Carrabelle, Florida
Zip 24 32322 / Country 25 U.S.A.	Zip 29 32322 / Country 30 U.S.A.

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

PARKER, WILLIAM L.
220 - 21ST STREET S.W.
NAPLES FL 33964

10. Name and Address of New Registered Agent

81 Name: Parker, William L.
82 Street Address (P.O. Box Number is Not Acceptable): HCR 62, Box 70
83
84 City: Carrabelle FL 85 Zip Code: 32322

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 L. Parker
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	C, P ☒ Change ☐ Addition
NAME	PARKER, WILLIAM L.	1.2 NAME	Parker, William L.
STREET ADDRESS	HCR-62 BOX 70 N/A	1.3 STREET ADDRESS	HCR 62, Box 70
CITY-ST-ZIP	CARRABELLE FL 32322	1.4 CITY-ST-ZIP	Carrabelle, FLORIDA 32322
TITLE	D ☐ DELETE	2.1 TITLE	D, S ☒ Change ☐ Addition
NAME	PARKER, LINDA R.	2.2 NAME	Parker, Linda R.
STREET ADDRESS	HCR-62 BOX 70	2.3 STREET ADDRESS	HCR 62, Box 70
CITY-ST-ZIP	CARRABELL FL 32322	2.4 CITY-ST-ZIP	Carrabelle, FL 32322
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, JOHNNIE K.	3.2 NAME	2100001511542
STREET ADDRESS	731 PINE VALE DR	3.3 STREET ADDRESS	-08/07/96--01061--019
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

8-6-96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

96 AUG -7 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001884358
-07/03/96--01114--027
****225.00 ****225.00

DOCUMENT # P95000067170 (7)

1. Corporation Name

TEAM CLAIM SERVICES, INC.

Principal Place of Business	Mailing Address
125 BASIN ST., SUITE 210 DAYTONA BEACH FL 32114	125 BASIN ST., SUITE 210 DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified: **08/30/1995**
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number ☒ 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**

LIPOWITZ, KENNETH M
125 BASIN ST., SUITE 210
DAYTONA BEACH FL 32114

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Kenneth M. Lipowitz	
STREET ADDRESS	125 Basin Street, Suite 210	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	VICE President	☐ DELETE
NAME	Sanford Miller	
STREET ADDRESS	125 Basin Street, Suite 210	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	VICE President	☐ DELETE
NAME	Jeffrey D. Congdon	
STREET ADDRESS	3445 Directors Row, Suite K	
CITY-ST-ZIP	Indianapolis, IN 46241	
TITLE	VICE President	☐ DELETE
NAME	John P. Kennedy	
STREET ADDRESS	18 Kings Highway North	
CITY-ST-ZIP	Westport, CT 06880	
TITLE	Secretary/Treasurer	☐ DELETE
NAME	Donald J. Norwalk	
STREET ADDRESS	125 Basin Street, Suite 210	
CITY-ST-ZIP	Daytona Beach, FL 32114	
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	800001884358	
1.3 STREET ADDRESS	-07/03/96--01114--028	
1.4 CITY-ST-ZIP	******8.75 ******8.75	
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	A. Adair	☐ Change ☐ Addition
6.2 NAME	8-7-96	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald J. Norwalk — 7/2/96 — (904) 238-7035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donald J. Norwalk