## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1996

J72110

(6)

1. Corporation	INATIO	` '				1				
FIRE RESTORATION, INC.										
Principal Place of Business Mailing Address						T OF BAND ONLY COOLD HOUR HERE! AND!		/11 <b>010</b> 11 <b>010</b> 1		
681 OLIVE ST. ENGLEWOOD FL 34223 US		P.O. BOX 1063 ENGLEWOOD FL 34295 US		Date Incorporated or Qualified	3a. Date					
						05/07/1987	<b>⊥</b> 0	5/01/19	95	
<ol> <li>Principal Pla</li> <li>21</li> </ol>	ce of Business	2a. Mailing Address			4, FEI Number 59-2828695		Applied For Not Applicable			
Suite, Apt. #	etc	Suite, Apt. #, etc.				r	\$8.75 Additional			
22	, 5.6.	27			5. Certificate of Status Desired		Fee R	lequired		
City & State		City & State			6. Election Campaign Financing	r-1	\$5.00	May Be		
23		28			Trust Fund Contribution			to Fees		
Zip	Country Zip Co			У		8. This corporation has liability for in		under s	199.032,	
24	25		30			Florida Statutes Yes  10. Name and Address of New Re				
g. Name and Address of Current Registered Agent					Name	10. Name and Address of New Ne	igistered A	gent		
			81	1						
POPE, JOHN F.			82	2 5	Street Add	dress (P.O. Box Number is Not Acceptable	e)			
3302 2ND AVE W			83	3						
BRADENTON FL				Ι.				Tor Tie	Code	
			84	*  °	City		FL	85 Zip	1000	
or registere familiar wit	ad agent, or both, in the State of Horn h, and accept the obligations of, Sec Signature typed or printed name of registered agen	ida. Such change was authorized tion 607.0505, Florida Statutes.	: Registered Ag	pora	ation's do	oration submits this statement for the purp pard of directors. I hereby accept the appo wed when reinstating)	DATE.	registered		
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFI		DIRECTOI Change	RS IN 12	
TITLE	DP					Packel m medtan	L	Pollange	L] Addition	
NAMÉ	MCCRAW, WILLIAM S.		1.3 STREE			PACHEL M. McChaw				
STREFT ADDRESS	681 OLIVE ST.				DDRESS 6	ENglewood, Flor. d1 - 3.	4223			
CITY-ST-ZIP	ENGLEWOOD FL.	[7] DELETE	2 1 TITLE		ZIP	, 10 // 00 1		Change	Addition	
TITLE NAME	ST		2.2 NAME					•	_	
	MCGRAW, RACHEL M.		2.3 STREE		DORESS					
STREET ADDRESS CITY-ST-ZIP	681 OLIVE ST.		2.4 CITY - S					_		
TITLE	ENGLEWOOD FL	DELETE		3 1 TITLE		V		Change	Addition	
NAME	FLEMING, JAMES S.		3 2 NAM	3 2 NAME		V.CL. AM S. MX, CRAW 681 01100 ST. ENSKWOOD F14- 3422	'			
STREET ADDRESS	3203 2ND AVE. W.		3 3. STREE (		ODRESS &	SI OLVE				
CITY-SI-ZIP	BRADENTON FL		3.4 CITY	- \$1 -	ZIP C	ENSK MODE 1-12- 3425	_3			
TITLE		☐ DELETE	4. 1 TITL	4. 1 TITLE			Ę	Change	☐ Addition	
NAME				4.2 NAME						
STREET ADDRESS			4.3 STREET		i					
CHTY-ST-ZIP				- ST -	- ZIP			Change	Addition	
TITLE	DELETE 5						L	"I onguide	☐ varied	
NAME	1		52 NAM	ΙĖ	Į					

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.

6. 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

BYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR N. W. W. CLAW Dele 47796 Daystone Prome &

DELETE

Change

☐ Addition