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
APR
FILED

95 MAY -1 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J82869** **(5)**

1. Corporate Name
MRB RESTORATION SERVICES, INC.

Principal Place of Business	Mailing Address
P.O.BOX 536 PALM HARBOR FL 34682 US	2430 ESTANCIA BLVD STE 109 CLEARWATER FL 34621 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/08/1987**
3a. Date of Last Report: **05/19/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # or P.O. Box (22)
Suite, Apt. # or P.O. Box (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-2819943** ☐ 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

SCHAFER, WALTER L., JR
2430 ESTANCIA BLVD
CLEARWATER FL 34621

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	BODDEN, ROBERT TRACEY	NAME	
STREET ADDRESS	2808 WOODHALL TERR.	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MARSH, VINCENT G.	NAME	
STREET ADDRESS	3321 BRIARWOOD LN.	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	REITER, FRITZ	NAME	
STREET ADDRESS	S. SHORE RD	STREET ADDRESS	
CITY-ST-ZIP	BERMUDA	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing, pursuant to Section 607.0502(2)(b), Florida Statutes, is true. I further certify that the information indicated on this report or supplemental 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 added, or on an attachment with an address.

SIGNATURE: Robert Tracey Bodden 4/30/95 (813)784-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Tracey Bodden, Sec.-Treas.

0357483 CP