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

CITY-ST-ZIP

Block 12 or Block 13 if changed

Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (6) K65034 JOHN VOLK RESTORATIONS INC. Mailing Address Principal Place of Business 325 ALBERMARLE RD. 325 ALBERMARLE RD. WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 1101 Clare 325 Albemarle Nd 65-0109787 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Ç( 23 west Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 33405 P.B. Yes ΠÑο 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name LORY VOLK 325 ALBEMARLE RD 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33405** 83 A4 City 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 applications of section 607.0505, Florida Statutes. ory AVOLE 3.23.98 SIGNATURE when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change DELETE TITLE 1.1 TeTLE VOLK, JOHN NAME 1.2 NAME 325 ALBEMARLE RD. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 1.4 CITY - ST - ZIP CITY-SY-ZW ☐ DELETE Change Addition TITLE 21 TITLE VOLK. LORY NAME 2.2 NAME 325 ALBEMARLE RD STREET ADDRESS 2.3 STREET ADDRESS W PALM BCH FL CITY-ST-2IP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 10000247432<sup>1</sup>fhano -04/01/98--01002--033 Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*150.00 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. Thereby 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

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on ap attachment with an address.

**FILED**