

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49415** (5)

1. Corporation Name

RESTORE ORLANDO, INC.

Principal Place of Business

Mailing Address

**1030 W KALEY ST
ORLANDO FL 32805**

**P.O. BOX 568606
ORLANDO FL 32856
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/17/1992

3a. Date of Last Report

04/14/1995

4. FEI Number

59-3136841

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

10. Name and Address of New Registered Agent

**APPLEBY, JERRY L.
1030 W. KALEY STREET
ORLANDO FL 32805**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jerry L. Appleby, Jr. Director

(NOTE: Registered Agent signature required when reinstating)

4/23/96

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
APPLEBY, JERRY
STREET ADDRESS
5430 KENYON RD
CITY - ST - ZIP
ORLANDO FL**

TITLE ☒ DELETE

**CD
NAME
HASTINGS, DONALD B.
STREET ADDRESS
787 KEENELAND PIKE
CITY - ST - ZIP
LAKE MARY FL 32746**

TITLE ☒ DELETE

**TD
NAME
STUTES, LARRY
STREET ADDRESS
2032 ALAQUA DRIVE
CITY - ST - ZIP
LONGWOOD FL 32779**

TITLE ☐ DELETE

**SD
NAME
BOTT, BILL
STREET ADDRESS
2605 NELA AVENUE
CITY - ST - ZIP
ORLANDO FL 32809**

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

**CD
ELROY MCCONNELL
1212 WATER HICKORY
ORLANDO, FL 32825**

**TD
MARK DEW
643 W. MICHIGAN
ORLANDO, FL 32806**

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:

Jerry L. Appleby **JERRY L. APPLEBY** **EXECUTIVE DIRECTOR**

4/23/96 **(407) 246-0061**
Daytime Phone #

CR2E037 (12/95)