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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N49415** (5)

1. Corporation Name

RESTORE ORLANDO, INC.

Principal Place of Business

**1030 W KALEY ST
ORLANDO FL 32805**

Mailing Address

**P.O. BOX 568606
ORLANDO FL 32856-8606
US**

3. Date Incorporated or Qualified

06/17/1992

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip**25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip**30** Country

9. Name and Address of Current Registered Agent

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

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 **D** ☐ DELETE
NAME **APPLEBY, JERRY**
STREET ADDRESS **5430 KENYON RD**
CITY - ST - ZIP **ORLANDO FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **CD** ☐ DELETE
NAME **MCCONNELL, ELROY**
STREET ADDRESS **1212 WATER HICKORY**
CITY - ST - ZIP **ORLANDO FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **TD** ☐ DELETE
NAME **DEW, MARK**
STREET ADDRESS **643 W. MICHIGAN**
CITY - ST - ZIP **ORLANDO FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE **SD** ☐ DELETE
NAME **BOTT, BILL**
STREET ADDRESS **2805 NELA AVENUE**
CITY - ST - ZIP **ORLANDO FL 32809**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby 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 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** 1/28/97 (407)246-0061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001246-0061

CR2E037 (9/96)