

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # **N95000002615 (1)**
Corporation Name

**SOUTHEAST AREA ASSOCIATION OF RESTORATION BRANCH
ES, INC.**



Principal Place of Business

Mailing Address

% VERN ALLEN
4933 SE 40TH TERRACE
OCALA FL 34480

% VERN ALLEN
4933 SE 40TH TERRACE
OCALA FL 34480

Date Incorporated or Qualified

06/06/1995

FEI Number

59-3318519

Applied For

Not Applicable

Principal Place of Business

Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9 Name and Address of Current Registered Agent

Name and Address of New Registered Agent

**EVANS, JACK O
4040 ROSCREA DR.
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GILMORE, DAN**
STREET ADDRESS **1516 ROCKWELL HEIGHTS DR.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** ☐ DELETE
NAME **GILMORE, ARLENE**
STREET ADDRESS **1516 ROCKWELL HEIGHTS DR.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** ☐ DELETE
NAME **SHAW, LAMAR**
STREET ADDRESS **RT 4 BOX 388-F**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **D** ☐ DELETE
NAME **VERCAMEN, DON SR.**
STREET ADDRESS **8805 BNOIT AVE.**
CITY-ST-ZIP **ORLANDA FL 32838**

TITLE **D** ☐ DELETE
NAME **EVANS, BRENDA G**
STREET ADDRESS **4040 ROSCREA DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **P** ☐ DELETE
NAME **CAMPBELL, RICHARD**
STREET ADDRESS **116 WAYLAND CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

1.1 TITLE **0**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

0 - Vice President
Jack Evans
4040 Roscrea Dr
Tallahassee, FL 32308

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I 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.

Jack O. Evans

5/21/98 (850) 893-6148

CR2E037 (10/97)