## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N9600006400 (3)

26

## RESTORATION INC.

401 BOYETTE PENSACOLA FL 32514

Suite, Apt. #, etc.

21

Principal Place of Business

2. Principal Place of Business

Mailing Address
401 BOYETTE

2a. Mailing Address

Suite, Apt. #, etc.

PENSACOLA FL 32514-1511

## FILED Apr 09 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 12/17/1996

5. Certificate of Status Desired

4. FEI Number

22]				[27]					ree Required		
	City & State			<b>├</b> ──	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Zip		Country	28		Co	untry				
	eih		25	<b>├</b> ─	.ip	30	ariti y		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No		
24				rent Begiste	red Agent	[30]	T		10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent						B1 Name					
	DUAGEL MADELA A										
	RUSSELL, MARTHA B						82 Street Address (P.O. Box Number is Not Acceptable)				
	401 BOYETTE						63				
	PENSACOLA FL 32514										
						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 register 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 register											
İ	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.										
Sir	SIGNATURE										
	Signature typed or printed name of registered agent and trile if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
12			OFFICERS	AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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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											