


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000006400 (3) 1. Corporation Name RESTORATION INC.					
Principal Place of Business 401 BOYETTE PENSACOLA FL 32514			Mailing Address 401 BOYETTE PENSACOLA FL 32514-1511		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/17/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report	
City & State 23		City & State 28		4. FEI Number 59-3435144	
Zip 24		Country 25		Applied For Not Applicable	
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent RUSSELL, MARTHA B 401 BOYETTE PENSACOLA FL 32514		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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					
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: Gayla Puckett 3-19-97 (904) 968-9670					

CR2E037 (9/96)