

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90140 043 ****61.25

DOCUMENT # N98000004105

1. Corporation Name

INVESTMENT FRAUD RESTORATION FINANCING CORPORATI
ON

Principal Place of Business

C/O HORACE SCHOW II
1801 HERMITAGE BLVD
TALLAHASSEE FL 32308

Mailing Address

C/O HORACE SCHOW II
1801 HERMITAGE BLVD
TALLAHASSEE FL 32308

388918 - 90140 - 43



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

593533807

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

9. Name and Address of Current Registered Agent

SCHOW, HORACE II
1801 HERMITAGE BLVD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME D
HUFFCUT, WILLIAM H
STREET ADDRESS PL-09 THE CAPITAL
CITY-ST-ZIP TALLAHASSEE FL 32399-0350

TITLE ☒ DELETE

NAME D
LIPSCOMB, E BENTLEY
STREET ADDRESS 4040 ESPLANADE WAY
CITY-ST-ZIP TALLAHASSEE FL 32399-7000

TITLE ☒ DELETE

NAME D
RAINWATER, CARLOS
STREET ADDRESS P O BOX 31003 N/A
CITY-ST-ZIP ST PETERSBURG FL 33731

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.2 NAME D/C
Huffcut, William H.
1.3 STREET ADDRESS PL-09 The Capitol
1.4 CITY-ST-ZIP Tallahassee FL 32399-0350

2.1 TITLE

2.2 NAME D
Gema-G. Hernandez
2.3 STREET ADDRESS 4040 Esplanade Way
2.4 CITY-ST-ZIP Tallahassee FL 32399-7000

3.1 TITLE

3.2 NAME D
Robin L. Higgins
3.3 STREET ADDRESS 1353 E. Lafayette, Suite C
3.4 CITY-ST-ZIP Tallahassee FL 32301

4.1 TITLE

4.2 NAME P
Tom Herndon
4.3 STREET ADDRESS 1801 Hermitage Blvd.
4.4 CITY-ST-ZIP Tallahassee FL 32308

5.1 TITLE

5.2 NAME T
William O. Bell III
5.3 STREET ADDRESS 1801 Hermitage Blvd.
5.4 CITY-ST-ZIP Tallahassee FL 32308

6.1 TITLE

6.2 NAME S
Kristen P. Mullikin
6.3 STREET ADDRESS PL-09 The Capitol
6.4 CITY-ST-ZIP Tallahassee FL 32399-0350

14. 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, with all other like empowered.

SIGNATURE: Tom Herndon SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

488-4406

Daytime Phone #

CR2E037 (11/98)