

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P19197 (3)

1. Corporation Name

RESTOR INDUSTRIES, INC.



Principal Place of Business

Mailing Address

4501 VINELAND ROAD
ORLANDO FL 32811
US

4501 VINELAND ROAD
ORLANDO FL 32811
US

3. Date Incorporated or Qualified

05/10/1988

3a. Date of Last Report

01/17/1995

2. Principal Place of Business

2a. 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

4. FEI Number

65-0044209

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

9. Name and Address of Current Registered Agent

CAUTHEN, WILLIAM H
CAUTHEN & FELDMAN, P.A.
215 NORTH JOANNA AVENUE
TAVARES FL 32778-3200

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

WILLIAM H. CAUTHEN

(NOTE: Registered Agent's signature required when reinstating)

6/15/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
CARR, JOHN A
4501 VINELAND ROAD
ORLANDO FL 32811

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VCTD
GERGEL, MARK A
4501 VINELAND RD.
ORLANDO FL 32811

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VGMD
JACK, STEPHAN R
7345 CRAIGLEIGH DR.
DULUTH GA 30136

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
RODRIGUEZ, REYNALDO
4501 VINELAND RD.
ORLANDO FL 32811

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CCS
KIDDER, MARTIN D
4501 VINELAND RD.
ORLANDO FL 32811

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

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

C/D
ODON, STEVEN A.
4501 VINELAND ROAD
ORLANDO, FL 32811

☐ Change ☒ Addition

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

P/D
WEST, HENLEY E.
4501 VINELAND ROAD
ORLANDO, FL 32811

☐ Change ☒ Addition

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

V
MADIGAN, SCOTT N.
4501 VINELAND ROAD
ORLANDO, FL 32811

☐ Change ☒ Addition

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

V
RIVERS, PETER
4501 VINELAND ROAD
ORLANDO, FL 32811

☐ Change ☒ Addition

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

V
OSBORNE, KENT
4501 VINELAND ROAD
ORLANDO, FL 32811

☐ Change ☒ Addition

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

MARTIN D. KIDDER

6/15/96

(407) 843-7031