FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006412 (8)**

1. Corporation Name
A-1 RESTORATION, INC.

Principal Place of Business	Mailing Address
2901 WEST STATE RD. 434 SUITE 101 LONGWOOD FL 32779	2901 WEST STATE RD. 434 SUITE 101 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1255 Belle Ave	26 1255 Belle Ave
Suite, Apt. #, etc. 22 Suite 122	Suite, Apt. #, etc. 27 Suite 122
City & State 23 Winter Springs FL	City & State 28 Winter Springs FL
Zip 24 32708 Country 25 Seminole	Zip 29 32708 Country 30 Seminole

4. FEI Number: 59-3220221 ☐ 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

DARLIN, GREGG
2901 WEST STATE RD. 434
SUITE 101
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: GREGG DARLIN
82 Street Address (P.O. Box Number is Not Acceptable): ~~2901~~ 1255 Belle Ave Suite 122
83 WINTER SPRINGS FL
84 City: FL 85 Zip Code: 32708

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: Sally Darlin PRES. GREGG DARLIN 4-26-95
(Signature of President or Vice President of registered agent if registered agent is a corporation) (NOTE: Registered Agent signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DPS	11 TITLE	☐ Change ☐ Addition
12 NAME	DARLIN, GREGG	12 NAME	
13 STREET ADDRESS	~~2901 W. STATE RD. 434, SUITE 101~~ 1255 Belle Ave Suite 122	13 STREET ADDRESS	
14 CITY ST ZIP	~~LONGWOOD FL 32779~~ Winter Springs FL 32708	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	DARLIN, SALLY S	22 NAME	
23 STREET ADDRESS	~~2901 W. STATE RD. 434, SUITE 101~~	23 STREET ADDRESS	
24 CITY ST ZIP	~~LONGWOOD FL 32779~~	24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an addition.

SIGNATURE: Sally Darlin GREGG DARLIN 4-26-95 895-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0044000 CP