FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P94000016533 (9)

1. Corporate Name

RESTORATION RESOURCES OF NORTH FLORIDA, INC.

Principal Place of Business
1505 NW 16 AVE
GAINESVILLE FL 32602

Mailing Address
P O BOX 2297
GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
Zip
24 25

2a. Mailing Address
26 P O BOX 2297
Suite Apt. #
27
City & State
28 GAINESVILLE FL
Zip
29 32614-7050 30

4. FEI Number: 59-3270211 — 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. Does corporation owe any Florida taxes? Yes ☐ No ☒

9. Name and Address of Current Registered Agent

EDEWAARD, C R
1505 NW 16 AVE
GAINESVILLE FL 32602

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 will comply with the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
01 TITLE	D	☐ Change ☐ Addition
02 NAME	EDEWAARD, C R	
03 STREET ADDRESS	P O BOX 2297	
04 CITY ST ZIP	GAINESVILLE FL 32602	
05 TITLE	D	☒ Change ☐ Addition
06 NAME	GIBBYARD, GORDON R	Gibby, MD Gordon R
07 STREET ADDRESS	8129 SW 57 STREET	
08 CITY ST ZIP	GAINESVILLE FL 32608	
09 TITLE	D	☐ Change ☐ Addition
10 NAME	SUMMERLIN, STEVE	
11 STREET ADDRESS	4014 NW 15TH STREET	
12 CITY ST ZIP	GAINESVILLE FL 32605	
13 TITLE	D	☐ Change ☐ Addition
14 NAME	JOHNSTON, JAMES D	
15 STREET ADDRESS	6404 NW 28 TERRACE	
16 CITY ST ZIP	GAINESVILLE FL 32609	
17 TITLE	D	☐ Change ☐ Addition
18 NAME	MELCHIOR, JUANITA	
19 STREET ADDRESS	HC 1 BOX 2677	
20 CITY ST ZIP	BRONSON FL 32621	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		

14. I/We hereby certify that the information supplied with this filing is, to the best of my/our knowledge, true and accurate and that my/our electronic 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 above, or on an attachment with an asterisk.

SIGNATURE: Juanita Melchior (Juanita Melchior) 4-30-95 (904) 338 2194
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — TELEPHONE NUMBER
WORK

0411B08 FP