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

FILED
Aug 23 1996 8:00 am
Secretary of State

DOCUMENT # **P94000038952 (5)**

1. Corporation Name
STRUCTURAL RESTORATION INC.

Principal Place of Business	Mailing Address
8401 PAUL BUCHMAN HWY PLANT CIYT FL 33565 US	8401 SR 39 N PLANT CITY FL 33565

2. Principal Place of Business 21 333 Falkenburg Rd.	2a. Mailing Address 26 333 Falkenburg Rd.
Suite, Apt. #, etc 22 A-128	Suite, Apt. #, etc 27 A-128
City & State 23 Tampa Fl.	City & State 28 Tampa, Fa.
Zip / Country 24 33619 / 25 Hills.	Zip / Country 29 33619 / 30 Hills.

3. Date Incorporated or Qualified 05/24/1994	3a. Date of Last Report 06/23/1995
4. FEI Number 59-3256539	☐ 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

LYNN, GARY D
8401 SR 39 N
PLANT CITY FL 33565

10. Name and Address of New Registered Agent

81 Name: Gary O. Lynn
82 Street Address (P.O. Box Number is Not Acceptable): 8401 Paul Buchman Hwy
83
84 City: Plant City FL 85 Zip Code: 33565

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: Gary O. Lynn — DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNN, GARY D 8401 SR 39 N PLANT CITY FL 33565	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	O Lynn, Gary O. 8401 Paul Buchman Hwy. Plant City FL. 33565	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURYEA, ROBBIE 8405 SR 39 N PLANT CITY FL 33565	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	O Puryea, Robbie 8405 Paul Buchman Hwy. Plant City, FL. 33565	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500001930885 -08/23/96--01067--003 ***383.75	☐ Change ☐ Addition

CR2E034 (3/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary O. Lynn — 8-19-96 — 813 643-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0161263 FP