

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 19 1996 8:00 am  
Secretary of State

DOCUMENT # P94000090344

1. Corporation Name

INLAND RESTORATION FUNDING INC.

Principal Place of Business

Mailing Address

SAME

I.R.F. INC  
25 SECOND ST. NORTH SUITE 200  
ST. PETERSBURG, FL, 33701

2. Principal Place of Business

2a. Mailing Address

21 25 SECOND ST. NORTH

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 200

27

City & State

City & State

23 ST. PETERSBURG, FL

28

Zip

Country

Zip

Country

24 33701

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/14/94

12/14/94

4. FEI Number

Applied For

59 3282836

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVE.  
CORAL GABLES, FL 33134  
ALAN LAWRENCE J. SPIEGEL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature typed or printed below and signed by the registered agent

11.01 Registered Agent's signature required when registering

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
WILLIAM J. WEBB  
1358 WAINWRIGHT WAY  
FORT MYERS, FL 33919

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
VICE CHAIRMAN  
WILLIAM J. WEBB  
1358 WAINWRIGHT WAY  
FORT MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
STUART CLEMMONS  
1924 MICHIGAN AVE N.E.  
ST. PETERSBURG, FL 33703

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
PRESIDENT/TREASURER  
STUART CLEMMONS  
1924 MICHIGAN AVE N.E.  
ST. PETERSBURG, FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
900001869328  
-06/20/96--01031--049  
\*\*\*61.25

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, changed, or on an attachment with an address.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96 1-941-433-2420  
Date  
Daytime Phone #  
05/19/96

CR2E034 (12/95)