FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P95000061594 (4)**

STRUCTURAL RESTORATION SERVICES, INC.

Principal Place of Business Mailing Address 13504 OVERTON AVENUE 13504 OVERTON AVENUE

FILED Mar 18 1997 8:00am Secretary of State



PORT CHARLOTTE FL 33981		PORT CHARLOTTE FL	PORT CHARLOTTE FL 33981-6154							
						3. Date Incorporated or Qualified			of Last Report /1996	
2. Principa P	lace of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number		Ar	oplied For	
21		26	26			22-3392033		No.	ot Applicable	
Suite Apt #. etc 22		Suite, Apt #, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23		City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zφ	Country	Zip				8. This corporation has liability for intangible tax under s 199.032,				
24	25	29	30			Florida Statutes				
	9. Name and Address of Co	urrent Registered Agent		1		10. Name and Address of New Re	gistered A	gent		
	JCCI, LEO			81	Name					
13504 OVERTON AVENUE					Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
POR	T CHARLOTTE FL 33981			_						
				83						
				84	City			85 Zip	Code	
]		<u>FL</u>			
office or r agent it a	registered agent or both, in the limitar with, and accept the configurations and accept the configurations and accept the configurations are supported to the configuration and accept the configuration accept the configuration and accept the configuration accept the configuration and accept the configuration acce	State of Florida, Such change vobligations of, Section 607.050	was authorize 5, Florida Sta	ed b	y the corpo s.	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appo	intment as	registered	
SIGNATURE	Sign at excitation printed marine or marker	nict sye i seef alle if applicable	(NOTE Augister	ed Ag	ent signature re	quired when reinstalling)	DATE			
12.	OFFICER	S AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC				
TITLE	P	☐ DELETE	1.1	TITLE			l	Change	L Addition	
NAME	RICUCCI, LEO		1.23	NAME	ļ					
STAFFL ADDA (5.5)	13504 OVERTON AVE		1.3	STREE"	T ADDRESS					
Off 51-26	PORT CHARLOTTE FL 339			CITY-S	ST-ZIP					
TIT.1		DELETE	21	TITLE			ŧ	Change	Addition Addition	
NAME			221	NAME						
STHEET ADDRESS			2.3	STREET	T ADDRESS					
CILY ST-20		·			ST-ZIP					
FITLE		DELETI	3.1	TITLE			ļ	Change	Addition	
NAME			3.21	NAME	- [
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CHY-51-7IP					ST-ZIP					
ti.f		DELETE	4.1	TITLE	-		l	Change	Addition	
NAMi			4. 2	NAME	ļ					
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City St Zie					ST-ZIP				1 1 4 0 0 0	
THIF		DELETI	1	TITLE	}		ļ	Change	L. Addition	
NAME				NAME						
STREET ACUREUS			•		T ADDRESS					
City St Zir	l		6.4	CITY-	ST-ZIP					

14. I do hereby certify that the information supplied with this fluing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informalium indir ared 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 Lan; an officer or director of the comporation or the reserver 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 of glanged, or on an attachment with an address.

SIGNATURE:

Daytimo Phone #