

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000072036 (3)

1. Corporation Name

RESTORATION MISSION, INC.



Principal Place of Business

2154 9TH AVENUE SOUTH  
ST. PETERSBURG FL 33712

Mailing Address

2154 9TH AVENUE SOUTH  
ST. PETERSBURG FL 33712

2. Principal Place of Business

2154 9TH AVENUE SOUTH  
ST. PETERSBURG FL 33712

2a. Mailing Address

2154 9TH AVENUE SOUTH  
ST. PETERSBURG FL 33712

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33712 U.S.A.

Zip

33712 U.S.A.

9. Name and Address of Current Registered Agent

GAMMAGE, JOAN  
2154 9TH AVENUE SOUTH  
ST. PETERSBURG FL 33712

3. Date Incorporated or Qualified

09/19/1995

3a. Date of Last Report

4. FEI Number

59-3327710

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

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and date of appointment

(Note: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	GAMMAGE, JOAN	
STREET ADDRESS	2154 9TH AVENUE SOUTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	
TITLE	D	DELETE
NAME	GRIFFIN, JAMES W	
STREET ADDRESS	206 LIVE OAK BLVD.	
CITY - ST - ZIP	SANFORD FL	
TITLE	D	DELETE
NAME	COLEY, BERNARD	
STREET ADDRESS	4310 M.L.KING STREET	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	DELETE
NAME	COLEY, VETTA	
STREET ADDRESS	4310 M.L.KING STREET	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)