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FILED

May 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

21549 AVE SOUTH  
ST PETERSBURG FL 33712  
US

Mailing Address

21549 AVE SOUTH  
ST PETERSBURG FL 33712  
US



3. Date Incorporated or Qualified  
09/19/1995

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3327715

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

10. Name and Address of New Registered Agent

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

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GAMMAGE, JOAN  
STREET ADDRESS 2154 9TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE D  
NAME GRIFFIN, JAMES W  
STREET ADDRESS 206 LIVE OAK BLVD.  
CITY-ST-ZIP SANFORD FL

TITLE D  
NAME COLEY, BERNARD  
STREET ADDRESS 4310 M.L.KING STREET  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D  
NAME COLEY, VETTA  
STREET ADDRESS 4310 M.L.KING STREET  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME JOAN GAMMAGE  
1.3 STREET ADDRESS 2154 9TH AVENUE SOUTH  
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33712

2.1 TITLE  
2.2 NAME GRIFFIN, JAMES W  
2.3 STREET ADDRESS 206 LIVE OAK BLVD.  
2.4 CITY-ST-ZIP SANFORD FL 33707

3.1 TITLE  
3.2 NAME ELKHAN HAMMIS  
3.3 STREET ADDRESS 724 15 AVE SOUTH  
3.4 CITY-ST-ZIP ST. PETERSBURG FL 33701

4.1 TITLE  
4.2 NAME VETTA M. STEVENS  
4.3 STREET ADDRESS 701 15TH ST. APT. B102  
4.4 CITY-ST-ZIP ST. PETERSBURG FL 33705-2142

5.1 TITLE  
5.2 NAME WILLIAM HAMMIS  
5.3 STREET ADDRESS 724 15 AVE SOUTH  
5.4 CITY-ST-ZIP ST. PETERSBURG FL 33701

6.1 TITLE  
6.2 NAME VETTA M. STEVENS  
6.3 STREET ADDRESS 701 15TH ST. APT. B102  
6.4 CITY-ST-ZIP ST. PETERSBURG FL 33705-2142

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 5/19/97 803-483

CR2E034 (9/96)