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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/19/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Restoration Mission Inc

2a. Mailing Address

21 Restoration Mission Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg Fla.

City & State

St. Petersburg Fla.

Zip

33712

Country

USA

Zip

33712

Country

USA

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GAMMAGE, JOAN
STREET ADDRESS 3928 GROVE ST SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD ☐ 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 S ☐ DELETE

NAME HARRIS, LILLIAN
STREET ADDRESS 774 15 AVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME STEVENS, YVETTE M
STREET ADDRESS 5710 15TH ST. APT. B-102
CITY-ST-ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME JOAN Gammage
1.3 STREET ADDRESS 3928 Grove St South
1.4 CITY-ST-ZIP St. Petersburg Fla.

2.1 TITLE VD ☐ Change ☐ Addition

2.2 NAME JAMES W GRIFFIN
2.3 STREET ADDRESS 206 LIVE OAK BLVD.
2.4 CITY-ST-ZIP SANFORD FLA.

3.1 TITLE D ☐ 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 S ☐ Change ☐ Addition

5.2 NAME LILLIAN HARRIS
5.3 STREET ADDRESS 774 15 AVE SOUTH
5.4 CITY-ST-ZIP ST. PETERSBURG FLA.

6.1 TITLE D ☐ Change ☐ Addition

6.2 NAME YVETTE M STEVENS
6.3 STREET ADDRESS 5710 15TH ST. APT B-102
6.4 CITY-ST-ZIP ST. PETERSBURG

14. I 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 (Signature) [Signature] 1/3/98 01/3/98

CR2E034 (10/97)