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 # P95000082655

1. Corporation Name

Florida Restoration Group, Inc.

Principal Place of Business	Mailing Address
~~17620 Front Beach Road~~	same 448 SPRING HAMMOCK CT
~~Unit SG6~~	LONGWOOD, FL. 32750
~~Panama City Beach, Florida 32413~~	

2. Principal Place of Business	2a. Mailing Address
21 17620 Front Beach Rd.	26 same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Unit SG6	27
City & State	City & State
23 Panama City Bch, FL	28
Zip 24 32413	Zip 29
County 25 Bay	County 30

3. Date Incorporated or Qualified: October 27, 1995
3a. Date of Last Report: N/A

4. FEI Number: 59-3340666 — 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

MidState Legal Supply Corp.
4435 Old Winter Garden Road
Orlando, Florida 32811

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 607.1509, 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: 1 Signature, typed or printed name of registered agent, and title of officer. (FOR Registered Agent signature required when correcting) DATE

12. OFFICERS AND DIRECTORS

TITLE	Director	☐ DELETE
NAME	Eric Seidelman	
STREET ADDRESS	17620 Front Beach Rd. Unit SG6	
CITY-ST-ZIP	Panama City Beach, FL 32413	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Sec. TRES.	☐ Change ☑ Addition
1.2 NAME	CHARLES RISTEN	
1.3 STREET ADDRESS	116 BUCK CT	
1.4 CITY-ST-ZIP	CASSELBERRY, FL. 32707	
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	600001845498 -05/31/96--01020--019 ***225.00	☐ 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		

CR 5/30/96

14. I do hereby certify that the information supplied with this filing is complete, accurate and 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: Charles Risten Sec/Tres — Charles Risten — 5/20/96 — 407 257 0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/26/96 — 904 244 4408