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FILED  
Mar 28 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 # P95000082653 (3)

1. Corporation Name

FLORIDA RESTORATION GROUP, INC.

Principal Place of Business

17620 FRONT BEACH RD  
UNIT 906  
PANAMA CITY BEACH FL 32750

Mailing Address

442 SPRING HAMMOCK CT  
LONGWOOD FL 32750-3723

2. Principal Place of Business

21 442 SPRING HAMMOCK CT

22 Suite, Apt. #, etc.

23 City & State

LONGWOOD, FL 32750

24 Zip

32750

25 Country

8EM.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

05/30/1996

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 RD.  
ORLANDO FL 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 607.1508, 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SEIDELMAN, ERI  
STREET ADDRESS 17620 FRONT BEACH RD. UNIT 906  
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE ST  
NAME RISTEN, CHARLES  
STREET ADDRESS 116 BUCK CT  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Robert T Corbett Dir  
1.2 NAME 116 BUCK CT.  
1.3 STREET ADDRESS CASSELBERRY, FL 32707  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Robert E Stasie V/P  
3.2 NAME 308 MIRAGE ST/UP PKWY  
3.3 STREET ADDRESS SUITE 20A  
3.4 CITY-ST-ZIP FT WALTON BCH. FL 32548

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0067834

CR2E034 (9/96)