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FLORIDA DEPARTMENT OF STATE

PROFIT

SIGNATURE

Apr 27 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # COMMERCIAL RESTORATION, INC. Principal Place of Business Mailing Address 190 CENTER STREET **190 CENTER STREET CAPE CANAVERAL FL 32920** CAPE CANAVERAL FL 32920 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/199 2. Principal Place of Business Mailing Address 59-3138263 Applied For 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 30 25 29 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name BEALS, ROBERT 1800 W HIBISCUS BLVD R2 Street Address (P.O. Box Number is Not Acceptable) SUITE 138 83 MELBOURNE FL 32901 Zip Code 32902 84 MELBOURNE 11. Pursuant to the provisions of Sections 607,0662 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 approach the appointment as registered agent. I am familiar with approach the appointment as registered agent. I am familiar with approach the appointment as registered agent. I am familiar with approach the appointment as registered agent. I am familiar with a second control of the approach the appointment as registered agent. I am familiar with a second control of the approach the appointment as registered agent. I am familiar with a second control of the approach the appointment as registered agent. I am familiar with a second control of the approach the appointment as registered agent. I am familiar with a second control of the approach the appointment as registered agent. I am familiar with a second control of the approach the appointment as registered agent. I am familiar with a second control of the approach the app ROBERT BEALS, ESQ SIGNATURE registered agent and little if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change EMORY, J.E. NAME 1.2 NAME STREET ADDRESS 5120 PINTAL LANE 1.3 STREET ADDRESS MERRIT SILAND FL CITY-ST-7/P MERRITT ISLAND, FL 32953 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-\$1-ZIP 5 4 CITY-ST-ZIP DELETE TITL F 6.1 TITLE Change Addition MAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP 14. Thereby certify that the information surplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual ruport or surplimental 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 of the review of the rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed of an anytitachment with an address.

MAMES E. EMORY

4-15-98

407-783-0198

FILED