

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 18 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 # V17794

(1)

1. Corporation Name
RECONDITION MISSION, INC.



Principal Place of Business

4231 SR 218
STE D
MIDDLEBURG FL 32068
US

Mailing Address

3192 BYRON ROAD
GREEN COVE SPRINGS FL 32043-9404

3. Date Incorporated or Qualified
03/02/1992

3a. Date of Last Report
03/26/1996

4. FEI Number
59-3110054

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMPSON, ROBERT
3192 BYRON ROAD
GREEN COVE SPRINGS FL 32043

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 607.0522 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in both to 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 limited with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Robert Simpson

3-13-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME ☐ DELETE

11.1 TITLE ☐ Change ☐ Addition

NAME
SIMPSON, ROBERT
3192 BYRON ROAD
GREEN COVE SPGS. FL

12.2 NAME

13.3 STREET ADDRESS

12.2 NAME
SIMPSON, DEBORAH
3192 BYRON ROAD
GREEN COVE SPRINGS FL

21.1 TITLE ☐ DELETE

22.2 NAME

23.3 STREET ADDRESS

12.3 NAME
SIMPSON, DEBORAH
3192 BYRON ROAD
GREEN COVE SPRINGS FL

31.1 TITLE ☐ DELETE

32.2 NAME

33.3 STREET ADDRESS

12.4 NAME
SIMPSON, DEBORAH
3192 BYRON ROAD
GREEN COVE SPRINGS FL

41.1 TITLE ☐ DELETE

42.2 NAME

43.3 STREET ADDRESS

12.5 NAME
SIMPSON, DEBORAH
3192 BYRON ROAD
GREEN COVE SPRINGS FL

51.1 TITLE ☐ DELETE

52.2 NAME

53.3 STREET ADDRESS

12.6 NAME
SIMPSON, DEBORAH
3192 BYRON ROAD
GREEN COVE SPRINGS FL

61.1 TITLE ☐ DELETE

62.2 NAME

63.3 STREET ADDRESS

12.7 NAME
SIMPSON, DEBORAH
3192 BYRON ROAD
GREEN COVE SPRINGS FL

64.4 CITY - ST - ZIP

SIGNATURE: *Robert Simpson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-97

904-282-0028

0014100

CR2E034 (9/96)