

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
Capital Building, Tallahassee, Florida 32304

**APPROVED
AND
FILED**

SEAL MAY 11 1996 02

DOCUMENT # 850412 (8)

1. Corporation Name

LESCO RESTORATIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1341 NAZARETH CHURCH RD
SPARTANBURG SC 29301**

Mailing Address

**1341 NAZARETH CHURCH RD
SPARTANBURG SC 29301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1981** 3a. Date of Last Report **07/20/1994**

4. FEI Number **57-0787175** 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

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKIPPER, J RONALD
1390 MAIN ST SUITE 828
UNITED FIRST FEDERAL BLDG
SARASOTA FL 33578**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) 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 requirements of Section 607.06(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	P
NAME	CHAPMAN, TOBY G.
STREET ADDRESS	405 MASTERS POINT
CITY, STATE, ZIP	DUNCAN SC
OFFICER	V
NAME	LANE, KATHY B.
STREET ADDRESS	480 PERRY ROAD
CITY, STATE, ZIP	WOODRUFF SC
OFFICER	ST
NAME	OATES, ROY R., JR.
STREET ADDRESS	1690 HIGHWAY 417
CITY, STATE, ZIP	WOODRUFF SC
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

OFFICER	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	☐ Change ☐ Addition
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CITY, STATE, ZIP	
OFFICER	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.021(4)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Roy R. Oates, Jr.
ROY R. OATES, JR., TREAS.

5-8-95

(803) 439-0492