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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

**DOCUMENT #** 

SIGNATURE:

841469

(0)

	AARRAR LTIALI
AIHCOND	CORPORATION

	ND CORPORATION				
Principa' Piace d	of Business	Mailing Address		LIBBIDI (BIKI DIDDI ILDII BIBIB DIII	IN SOLI BENIL NENIE RINIE NINIE NENIE NENIE NENIE NENIE
2366 SYLVAN EAST POINT US	I ROAD GA 30344-1883	2366 SYLVAN ROAD East Point ga 3034 Us	4-1883		
US		us		3. Date Incorporated or Qualified 09/20/1978	3a. Date of Last Report 02/16/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
<u>:1]</u>		[26]		58-0184555	Not Applicable
Suite, Apt. #,	, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	S5.00 May Be Added to Fees
Ζφ <b>!4</b>	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032, ☐ No
71 .	g. Name and Address of Curr	<i>.</i>	1001	10. Name and Address of New R	<del></del>
			81 Name		
CT COR	PORATION SYSTEM		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
	PINE ISLAND ROAD		311001 730	arbss ( .e. bux reamber to rect receptual	
PLANTA'	TION FL 33324		83		
			<b>B4</b> City		85 Zip Code
			J,		FL   P COOK
11. Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florida Statute	as, the above-named corpo	station solutions and statement for the por	
or registere familiar with SIGNATURE.	ed agent, or both, in the State of Flo n, and accept the obligations of, Se	lorida. Such change was authorizi action 607.0505, Florida Statutes	ed by the corporation's boa	ard of directors. I hereby accept the app	ointment as registered agent. Fam
or registere familiar with SIGNATURE.	id agent, or both, in the State of Fli i, and accept the obligations of, So Structure, typed or printed name of regishered ag	lorida. Such change was authorizi action 607.0505, Florida Statutes	ed by the corporation's boo	ard of directors. I hereby accept the app	DATE
or registere familiar with SIGNATURE. s	id agent, or both, in the State of Fli i, and accept the obligations of, So Structure, typed or printed name of regishered ag	orida. Such change was authoriza ection 607.0505, Florida Statutes grad and title it applicable	ed by the corporation's boo	ard of directors. I hereby accept the appoint	DATE
or registere familiar with SIGNATURE. S 12.	nd agent, or both, in the State of Fin, and accept the obligations of, Sc Significant speed or printed name of registered at OFFICERS A ST PADGETT, DONNA	orida. Such change was authorize ection 607.0505, Florida Statutes god and title if applicable (NO AND DIRECTORS	ed by the corporation's box  TE. Registered Agent signature requirements.	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12
or registere familiar with SIGNATURE. S12. THE	od agent, or both, in the State of Fin, and accept the obligations of, Sci Styletine, typed or printed name of registered age OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD	orida. Such change was authorize ection 607.0505, Florida Statutes god and title if applicable (NO AND DIRECTORS	red by the corporation's box.  TE. Registered Agent signature requir.  13. 1.1 TITLE	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12
or registere familiar with SIGNATURE. SI 12. THE NAME SIREHT ADDRESS OITY-ST-ZIP	od agent, or both, in the State of Fin, and accept the obligations of, Scattering, typed or printed name of registered at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000	orida. Such change was authorize oction 607.0505, Florida Statutes gent and title if applicable NO AND DIRECTORS	TE Registered Agent signature requirement 13.  1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12 Change Addition
or registere familiar with SIGNATURE. SI 12. THE NAME SIREHT ADDRESS OITY-ST-ZIP	od agent, or both, in the State of Fin, and accept the obligations of, Scientific type of printed name of registered at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 000000 PD	orida. Such change was authorize ection 607.0505, Florida Statutes god and title if applicable (NO AND DIRECTORS	TE Registered Agent signature requirements 13.  1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12
or registere familiar with SIGNATURE. ST. ST. THE NAME STREET ADDRESS CITY-ST. ZIP. THE NAME	od agent, or both, in the State of Filiparian accept the obligations of Session of Filiparian typed or printed name of registered at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L.	orida. Such change was authorize oction 607.0505, Florida Statutes gent and title if applicable NO AND DIRECTORS	TE Registered Agent signature requirements  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12 Change Addition
or registere familiar with SIGNATURE. ST. ST. THE NAME STREET ADDRESS CITY-ST. ZIP. THE NAME	od agent, or both, in the State of FI  1, and accept the obligations of, Se  Styletims typed or pricted name of registered ag  OFFICERS A  ST  PADGETT, DONNA  2366 SYLVAN RD  E POINT, GA 00000  PD  BARNES, ALAN L.  2366 SYLVAN RD.	orida. Such change was authorize oction 607.0505, Florida Statutes gent and title if applicable NO AND DIRECTORS	TE Registered Agent signature requirements  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12 Change Addition
or registere familiar with SIGNATURE. S  12. THLE NAME SIREH ADDRESS CITY-ST ZIP THLE NAME SIREH ADDRESS CITY-ST ZIP THLE NAME SIREH ADDRESS CITY-ST ZIP	od agent, or both, in the State of Fin, and accept the obligations of Set Structure, typed or pricing have of residenced agent of the Set ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000	orida. Such change was authorize oction 607.0505, Florida Statutes great and title if applicable NO AND DIRECTORS DELETE	TE Registered Agent signature requirements  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition
or registere familiar with Signature. Standarde. Standarde. Standarde. Street address oity-standarde. Street address oity-standarde. Street address oity-standarde. Street address oity-standarde.	od agent, or both, in the State of FI, and accept the obligations of Set Structure typed or pricted name of registered at PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D	orida. Such change was authorize oction 607.0505, Florida Statutes gent and title if applicable NO AND DIRECTORS	TE Registered Agent signature requir  13.  1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12 Change Addition
or registere familiar with SIGNATURE. SIGNATURE. SITE.  THE NAME SUBERT ADDRESS OTTY-ST-ZIP THE NAME STREET ADDRESS OTTY-ST-ZIP THE NAME STREET ADDRESS OTTY-ST-ZIP THE NAME	od agent, or both, in the State of FI, and accept the obligations of Set purchase typed or pricing have of regularized as OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T	orida. Such change was authorize oction 607.0505, Florida Statutes great and title if applicable NO AND DIRECTORS DELETE	TE Registered Agent signature requirements  13.  1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition
or registere familiar with SIGNATURE.  STEP THE STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	od agent, or both, in the State of Fin, and accept the obligations of Seturation typed or priced name of residence as OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T 2366 SYLVAN ROAD	orida. Such change was authorize oction 607.0505, Florida Statutes great and title if applicable NO AND DIRECTORS DELETE	PE Registered Agent signature required.  13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition
or registere familiar with SIGNATURE.  12.  110.  1110.  STREET ADDRESS  OTY-ST-ZIP  THEE  NAME  SIREET ADDRESS  OTY-ST-ZIP	d agent, or both, in the State of Fin, and accept the obligations of Set parties typed or priced name of regularized at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T 2366 SYLVAN ROAD E POINT, GA 00000	orida. Such change was authorize oction 607.0505, Florida Statutes  post and title if applicable NO AND DIRECTORS  DELETE  DELETE	TE Registered Agent signature requirements  13.  1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY- ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY- ST-ZIP	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
or registere familiar with SIGNATURE. SIGNATURE. SITE.  HILE NAME SHEEL ADDRESS OITY-SI-ZIP THLE NAME SIREL ADDRESS OITY-SI-ZIP THLE SIREL ADDRESS OITY-SI-ZIP THLE THLE THLE THLE THLE THLE THLE THLE	d agent, or both, in the State of Fin, and accept the obligations of Setupations by Setupations	orida. Such change was authorize oction 607.0505, Florida Statutes great and title if applicable NO AND DIRECTORS DELETE	PE Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE	ard of directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition
or registere familiar with SIGNATURE.  STEATHER NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	d agent, or both, in the State of Fin, and accept the obligations of Set parties by the obligations of Set parties by the property of the obligations of Set parties by the property of the obligations of Set parties by the parties of the obligations of Set parties by the parties of the obligations of Set parties of Set p	orida. Such change was authorize oction 607.0505, Florida Statutes  post and title if applicable NO AND DIRECTORS  DELETE  DELETE	ed by the corporation's box  TE Registered Agent signature report  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
OF PEGISTER  FOR AT URE  STEP TADDRESS  CITY-ST-ZIP  THLE  NAME STREET ADDRESS  CITY-ST-ZIP  THLE  NAME STREET ADDRESS  CITY-ST-ZIP  THLE  NAM: STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	d agent, or both, in the State of Fin, and accept the obligations of Set parties typed or priced name of regularized at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T 2366 SYLVAN ROAD E POINT, GA 00000 D PAUL, FAYOLINE M. 2366 SYLVAN ROAD	orida. Such change was authorize oction 607.0505, Florida Statutes  post and title if applicable NO AND DIRECTORS  DELETE  DELETE	PE Registered Agent signature requirement of the signature of the sign	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
OF PEGISTER  FOR ATURE  STEP TADDRESS  CITY-ST-ZIP  THLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	d agent, or both, in the State of Fin, and accept the obligations of Set parties by the obligations of Set parties by the property of the obligations of Set parties by the property of the obligations of Set parties by the parties of the obligations of Set parties by the parties of the obligations of Set parties of Set p	orida. Such change was authorize oction 607.0505, Florida Statutes  post and title if applicable NO AND DIRECTORS  DELETE  DELETE	ed by the corporation's box  TE Registered Agent signature report  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
or registere familiar with SIGNATURE. SIGNATURE. SITE.  HILE NAME SHEEL ADDRESS OITY-SI-ZIP THLE NAME SIREL ADDRESS OITY-SI-ZIP THLE SIREL ADDRESS OITY-SI-ZIP THLE THLE THLE THLE THLE THLE THLE THLE	d agent, or both, in the State of Fin, and accept the obligations of Set parties typed or priced name of regularized at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T 2366 SYLVAN ROAD E POINT, GA 00000 D PAUL, FAYOLINE M. 2366 SYLVAN ROAD	orida. Such change was authorize oction 607.0505, Florida Statutes  gest and title if agrificable [NO AND DIRECTORS []] DELETE  [] DELETE  [] DELETE	ed by the corporation's box  TE Registered Agent signature report  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 STREET ADDRESS 4.4 CITY-ST-ZIP	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
OF PEGISTER  FOR ATURE  STANDARD STANDARD  STA	d agent, or both, in the State of Fin, and accept the obligations of Set parties typed or priced name of regularized at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T 2366 SYLVAN ROAD E POINT, GA 00000 D PAUL, FAYOLINE M. 2366 SYLVAN ROAD	orida. Such change was authorize oction 607.0505, Florida Statutes  gest and title if agrificable [NO AND DIRECTORS []] DELETE  [] DELETE  [] DELETE	ed by the corporation's box  TE. Registered Agent signature requirements  1.1 Title  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY - ST - ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY - ST - ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY - ST - ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY - ST - ZIP  5.1 TITLE	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
or registere familiar with SIGNATURE.  12.  HILE NAME STREET ADDRESS GIT-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE	d agent, or both, in the State of Fin, and accept the obligations of Set parties typed or priced name of regularized at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T 2366 SYLVAN ROAD E POINT, GA 00000 D PAUL, FAYOLINE M. 2366 SYLVAN ROAD	orida. Such change was authorize oction 607.0505, Florida Statutes  gest and title if agrificable [NO AND DIRECTORS []] DELETE  [] DELETE  [] DELETE	PE Registered Agent signature requirement of the components of the	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
OF REGISTERS FOR AT URE.  STEP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	d agent, or both, in the State of Fin, and accept the obligations of Set parties typed or priced name of regularized at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T 2366 SYLVAN ROAD E POINT, GA 00000 D PAUL, FAYOLINE M. 2366 SYLVAN ROAD	orida. Such change was authorize oction 607.0505, Florida Statutes  gest and title if agrificable [NO AND DIRECTORS []] DELETE  [] DELETE  [] DELETE	PE Registered Agent signature requirements  13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.5 STREET ADDRESS	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
or registere familiar with SIGNATURE.  12.  THEE NAME SIBELLADDRESS GITY-ST-ZIP THEE NAME SIBELLADDRESS CITY-ST-ZIP THEE	d agent, or both, in the State of Fin, and accept the obligations of Set parties typed or priced name of regularized at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T 2366 SYLVAN ROAD E POINT, GA 00000 D PAUL, FAYOLINE M. 2366 SYLVAN ROAD	orida. Such change was authorize ection 607.0505, Florida Statutes gest and title if applicable NO AND DIRECTORS  DELETE  DELETE  DELETE	PE Registered Agent signature requirements  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
OF REGISTERS FOR THE STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE THE NAME STREET ADDRESS CITY-ST-ZIP THE	d agent, or both, in the State of Fin, and accept the obligations of Set parties typed or priced name of regularized at OFFICERS A ST PADGETT, DONNA 2366 SYLVAN RD E POINT, GA 00000 PD BARNES, ALAN L. 2366 SYLVAN RD. E POINT, GA 00000 D MAFFETT, WAYNE T 2366 SYLVAN ROAD E POINT, GA 00000 D PAUL, FAYOLINE M. 2366 SYLVAN ROAD	orida. Such change was authorize ection 607.0505, Florida Statutes gest and title if applicable NO AND DIRECTORS  DELETE  DELETE  DELETE	PE Registered Agent signature requirements  13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ard of directors. I hereby accept the appoint	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition