ANNUAL.	OFIT DRATION . REPORT	Sandra Secret	RIMENT OF STATE B. Mortham ary of State CORPORATIONS			
OCUME corporation Name EPPERSO		(-)		I MA JURE AND GRADE AND A DESCRIPTION OF THE PROPERTY OF THE P		
cipal Place of B	Business	Mailing Address				
5 Watts Stre D Box 40745 ICKSONVILLE F		115 WATTS STREET PO BOX 40745 JACKSONVILLE FL 32	103	3. Date incorporated or Qualified	3a. Date of Last	Report
rincipal Place o	of Business	I A. May A.G. Ver		12/09/1980	03/14/1	· · · · · · · · · · · · · · · · · · ·
ппыра: насе о	D DOUBLESS	2a. Mailing Address 26		4. FEI Number 59-2041042		Applied For Not Applicable
uite, Apt. #, etc	3.	Suite, Apt. #, etc.		5. Certificate of Status Desired	+	5 Additional
ity & State		City & State		6. Election Campaign Financing		Required May Be
ρ		28		Trust Fund Contribution	Add	ed to Fees
.,	Country [25]	2)p	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax under : s □ No	s 199.032,
9.	Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New		
18301 BOYE Lithia FL 3:			83			
Pursuant to the	provisions of Sections 607.0	1502 and 607 1508 Florida Statute	84 City	relies outsein Brie de Leonart for Alexandre	<u> </u>	Zip Code
amiliar with, an	and accept the obligations of S	ionida, Suom change Wils apphorac Section 607.0505, Florida Statutes. अस्टार्टक व विचायक्षणाल्यक (१४०)	s the above named come d by the corporation's bot to feel the design of the reque		Jrpose of changing its pointment as registere	registered official agent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ACER OR DIRECTOR

3-7-56 (813) 626-6126