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further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect made under cath, that I any an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statute that my name appears in block 13 if changed, or on an attachment with an address SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Date Places	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, WAYNE 3038 O'BRIEN DR TALLAHASSEE, FL 0	est agent and ble. Laps	DELETE DELETE DELETE DELETE	IT Registered Agests graphered 13. 11 THE 12 NAME 13 STREET ADDRESS 14 City-St-ZiP 21 THE 22 NAME 23 STREET ADDRESS 24 City-St-ZiP 31 THE 32 NAME 33 STREET ADDRESS 34 City-St-ZiP 41 THE 42 NAME 43 STREET ADDRESS 44 City-St-ZiP 51 THE 52 NAME 53 STREET ADDRESS 54 City-St-ZiP 51 THE 52 NAME 53 STREET ADDRESS 54 City-St-ZiP 51 THE 52 NAME 53 STREET ADDRESS 54 City-St-ZiP 61 THE 62 NAME 63 STREET ADDRESS 54 City-St-ZiP 61 THE 62 NAME 63 STREET ADDRESS 54 City-St-ZiP 61 THE 62 NAME 63 STREET ADDRESS 64 City-St-ZiP	ADDITIONS/CHANGES TO OFF	Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition Addition Change Addition