## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	1	DIVISION O	F CORPORA	TIONS						
DOCU 1. Corporation	MENT #	# N1227	77 (2)								
THE J	IACKSONVII	LLE CHAPTER (	OF ACRE, INC.				1 (4)()(6) 04)	11616 11616 11611 1 <b>2</b> 4	) ( <b>) ( ( )</b>	inga bibi oso	.) <b>0:6</b> (1 <b>0</b> :4:1 (8 0)
Principal Place	o of Pusinger		Matter Addition								
,			Mailing Address								* 2**** 6**** ****
1238 TIBER JACKSONVIL			P.O. BOX 47123 JACKSONVILLE FL 32	247							
US			US			3. [	Date Incorporat 11/26/19		3a.	Date of Last 05/01/	
<b>→</b>	Place of Business  8 7:602		2a. Mailing Address 26 P.O. Box Y	17123		4. F	El Number <b>59-2635</b>	848			Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	1199							Additional
	. P. Weu	6	27 % T.R. U	NEUS		5. (	Certificate of Sta	atus Desired		•	Required
City & State	onville 1	5	City & State  28 JACKSO NUILI				Election Campa	•			O May Be
Zip		Country	Zip	Count	lry .	R T	Trust Fund Con This corporation				d to Fees
32207			29 32247-7123	30	ú. 5,4.		lorida Statutes		Yes		183.002,
	9. Name ar	nd Address of Curre	nt Registered Agent			10. I	Name and Add	Iress of New F	Registere	d Agent	
WELLO	TIMOTHY D			ľ	Name						
	, timothy r Ber avenue			8	Street	Address (P.O	. Box Number	s Not Acceptat	ole)		
	ONVILLE FL 3			8	3						
										las la	
				•	4 04.						o Code
Pursuant to register  familier with	to the provision:	s of Sections 617.050 oth, in the State of Flor	2 and 617.1508, Florida Statut ida. Such change was authoriz	es the above	City -named corporation's	orporation sub board of dire	omits this state	ment for the pu accept the app	rpose of continent a		
familiar wit	ith, and accept t	the obligations of, Sec	tioa. Such change was authorization 617.0503, Florida Statutes	es, the above ged by the cors.	e-named corporation's	board of dire	stating)	accept the app	rpose of cointment a	changing its ras registered	egistered offic agent. I am
familiar wit	Signature, typed or p	the obligations of, Sec	noa, Such change was authorization 617,0503, Florida Statutes  It and title if applicable.  (NO	tes, the above red by the cor s. DTE: Registered Ag	e-named corporation's	board of dire	ctors. I hereby	accept the app	rpose of cointment a	changing its ras registered	egistered offic agent. I am RS IN 12
familiar wit	Signature, typed or p	the obligations of, Sec whited name of registered age:  OFFICERS AN	tioa. Such change was authorization 617.0503, Florida Statutes	es, the above ged by the cors.	e-named corporation's	required when rains  A	stating)	accept the app	rpose of cointment a	changing its ras registered	egistered offic agent. I am
familiar with signature	Signature, typed or p PCD NEWBERG	the obligations of, Sec whited name of registered age:  OFFICERS AN	noa, Such change was authorization 617,0503, Florida Statutes  It and title if applicable.  (NO	tes, the above ted by the codes.  DTE: Registered Age 13.  1.1 TiTLE	e-named corporation's	required when rains  A  VO  ROBERT	ictors. I hereby stating) DDITIONS/CHA	accept the app	rpose of cointment a	changing its ras registered	egistered offic agent. I am RS IN 12
TREET ADDRESS	PCD NEWBERG 483 CREIG ORANGE	winted name of registered ager  OFFICERS AN  CURTIS  GHTON ROAD	Total Such change was authorization 617,0503, Florida Statutes It and the (Lappicable (NO ND DIRECTORS DELETE	tes, the above ted by the codes.  DTE: Registered Age 13.  1.1 TiTLE	e-named corporation's gent signature in	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/	ANGES TO OFF	DATE	changing its registered	egistered offic agent. I am RS IN 12
on register familiar wit familiar wit familiar wit silgnature	Signature, typed or p PCD NEWBERG 483 CREIG ORANGE	off, in the State of Fior the obligations of, Sec whited name of registered age: OFFICERS AN OFFICERS AN	noa, Such change was authorization 617,0503, Florida Statutes  It and title if applicable.  (NO	es, the above end by the cords.  TE: Registered Age 13.  1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE	e-named corporation's gent signature in E  E  ET ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	Stating) DDITIONS/CH/ CLARK BY B505	ANGES TO OFF	DATE	changing its registered	egistered offic agent. I am RS IN 12
IGNATURE  2. TILE  AME  IREET ADDRESS  IY-SI-ZIP  ILE  MME	Signature, typed or p PCD NEWBERG 483 CREIK ORANGE TD WELLS, Ti	of, in the State of Flor the obligations of, Sec winted name of registered age: OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN	Total Such change was authorization 617,0503, Florida Statutes It and the (Lappicable (NO ND DIRECTORS DELETE	es, the above red by the cors.  TE: Registered Ag  13.  1.1 TITLE  1.2 NAMI  1.3 STRE  1.4 CITY  2.1 TITLE  2.2 NAMI	e-named corporation's gent signature in E  E  E  E  ET ADDRESS  -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	changing its registered	egistered offic agent. I am RS IN 12
INTERPRET ADDRESS ITEET ADDRES	Signature, typed or p PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE	of the obligations of, Section of Sections	Total Such change was authorization 617.0503, Florida Statutes It and the (Lappicable (NO ND DIRECTORS DELETE	es, the above red by the cords.  T13.  1.1 TITLE 1.2 NAMI 1.3 STRE 2.1 TITLE 2.2 NAMI 2.3 STRE	e-named corporation's sent signature in E  E  ET ADDRESS  ET ADDRESS	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	changing its registered	egistered offic agent. I am RS IN 12
ITY-ST-ZIP  OF THE TREET ADDRESS  ITY-ST-ZIP  TITE  AME  TREET ADDRESS  TY-ST-ZIP	Signature, typed or p PCD NEWBERG 483 CREIK ORANGE TD WELLS, Ti	of the obligations of, Section of Sections	Total Such change was authorization 617.0503, Florida Statutes It and the (Lappicable (NO ND DIRECTORS DELETE	es, the above red by the cors.  TE: Registered Ag  13.  1.1 TITLE  1.2 NAMI  1.3 STRE  1.4 CITY  2.1 TITLE  2.2 NAMI	e-named corporation's  gent signature in  E  E  ET ADDRESS  ET ADDRESS  - ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	changing its ras registered  ND DIRECTO Change Change	egistered office agent. I am  RS IN 12  Addition
familiar with signature	Signature, typed or p PCD NEWBERG 483 CREIX ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAN	off, in the state of Fior the obligations of, Sec whited name of registered age: OFFICERS AN GRAND ROAD PARK FL IM ER AVE. VILLE FL	inda. Such change was authorization 617.0503, Florida Statutes int and title of applicable (NO ND DIRECTORS DELETE	Les, the above red by the cords.  T13.  1.1 TITLE 1.2 NAM! 1.3 STRE 2.1 TITLE 2.2 NAM! 2.3 STRE 2.4 CITY	e-named corporation's  gent signature in  E  ET ADDRESS  -ST-ZIP  ET ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	changing its registered	egistered offic agent. I am RS IN 12
Freet Address  ITY-ST-ZIP  TLE  AME  ITY-ST-ZIP  TLE  TY-ST-ZIP  TLE	Signature, typed or p PCD NEWBERG 483 CREIG ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAN 6127 SHA	of, in the state of Fior the obligations of, Sec whited name of registered eger OFFICERS AN  OFF	inda. Such change was authorization 617.0503, Florida Statutes int and title of applicable (NO ND DIRECTORS DELETE	es, the above cod by the cod s.  TE: Registered Age 1.1 Tirle 1.2 NAMI 1.3 STRE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.2	e-named corporation's  gent signature in  E  ET ADDRESS  -ST-ZIP  ET ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	changing its ras registered  ND DIRECTO Change Change	egistered office agent. I am  RS IN 12  Addition
GIGNATURE  2.  TILE  AME  TREET ADDRESS  TIY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON	of, in the state of Fior the obligations of, Sec whited name of registered eger OFFICERS AN  OFF	Inda: Such change was authorization 617.0503, Florida Statutes It and title if applicable (NO ND DIRECTORS  DELETE	DTE: Registered Age 12 NAMI 23 STRE 2 4 CITY 31 STREE 2 A CITY 31 STREE 32 NAMI 3.3 STREE 3.4 CITY 3.3 STREE 3.4 CITY 3.3 STREE 3.4 CITY 3.3 STREE 3.4 CITY 3.5 CITY 3.4 CITY 3.4 CITY 3.5 CITY 3.4 CITY 3.4 CITY 3.5 CITY 3.5 CITY 3.4 CITY 3.4 CITY 3.5 CITY 3.5 CITY 3.4 CITY 3.5 CITY	e-named corporation's gent signature in E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change	egistered office agent. I am  RS IN 12  Addition  Addition
GIGNATURE  2.  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TY-ST-ZIP  TILE  AME  TREET ADDRESS  TY-ST-ZIP  TILE  TY-ST-ZIP  TILE	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD	of, in the state of Flor the obligations of, Sec whited name of registered ager OFFICERS AN  OFF	inda. Such change was authorization 617.0503, Florida Statutes int and title of applicable (NO ND DIRECTORS DELETE	DTE: Registered Age 12 NAMI 23 STREE 24 CITY 31 TITLE 32 NAMI 3.3 STREE 34 CITY 41 TITLE 41 T	e-named corporation's  gent signature in  E  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	changing its ras registered  ND DIRECTO Change Change	egistered office agent. I am  RS IN 12  Addition
IGNATURE  TAME  THE MANE  THE MANE  THE MANE  THE TADDRESS  TY-ST-ZIP  THE  THE TADDRESS  TY-ST-ZIP  THE  THE TADDRESS  TY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD LEIDHOLT	of, in the state of Flor the obligations of, Sec whited name of registered age OFFICERS AN  OFFI	Inda: Such change was authorization 617.0503, Florida Statutes It and title if applicable (NO ND DIRECTORS  DELETE	DTE: Registered Age 12 NAMI 23 STREE 24 CITY 3.1 TITLE 32 NAMI 23 STREE 24 CITY 4.1 TITLE 42 NAMI 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAMI	e-named corporation's  gent signature in  E  EI ADDRESS -ST-ZIP  E  EI ADDRESS -SI-ZIP  E  EI ADDRESS -SI-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change	egistered office agent. I am  RS IN 12  Addition  Addition
GNATURE  IGNATURE  Z.  ILE  MME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD LEIDHOLT 3125 NAU	or, if the state of Fior the obligations of, Sections of,	Inda: Such change was authorization 617.0503, Florida Statutes It and title if applicable (NO ND DIRECTORS  DELETE	DTE: Registered Ag  13.  1.1 TITLE  1.2 NAMI  1.3 STRE  2.4 CITY  2.1 TITLE  3.2 NAME  3.3 STREI  4.1 TITLE  4.2 NAMI  4.3 STREI  4.3 STREI  4.4 STREI  4.4 STREI  4.5 STREI  4.5 STREI  4.5 STREI  4.6 STREI  4.7 STREI  4.7 STREI  4.8 STREI	e-named corporation's  gent signature in  E  EI ADDRESS -ST-ZIP  E  EIT ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change	egistered office agent. I am  RS IN 12  Addition  Addition
GRATURE  IGNATURE  IREET ADDRESS  IY-ST-ZIP  ILE  IMME  REET ADDRESS  IY-ST-ZIP	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD LEIDHOLT	or, if the state of Fior the obligations of, Sections of,	Inda: Such change was authorization 617.0503, Florida Statutes It and title if applicable (NO ND DIRECTORS  DELETE	DTE: Registered Age 12 NAMI 23 STREE 24 CITY 3.1 TITLE 32 NAMI 23 STREE 24 CITY 4.1 TITLE 42 NAMI 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAMI	e-named corporation's  gent signature in  E  EI ADDRESS -ST-ZIP  E  EI ADDRESS -SI-ZIP  E  EI ADDRESS -SI-ZIP  E  EI ADDRESS -SI-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change	egistered office agent. I am  RS IN 12  Addition  Addition
GNATURE  IGNATURE  Z.  ILE  MME  REET ADDRESS  IY-SI-ZIP  ILE  MME  REET ADDRESS  IY-ST-ZIP  ILE  MME  REET ADDRESS  IY-ST-ZIP  ILE  MME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD LEIDHOLT 3125 NAU	or, if the state of Fior the obligations of, Sections of,	Total Such change was authorization 617.0503, Florida Statutes at and title of applicable (NO ND DIRECTORS DELETE DELETE	DTE: Registered Age 12 NAMI 1.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAMI 2.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY 4.4	e-named corporation's  gent signature in  E  EI ADDRESS -ST-ZIP  E  EIT ADDRESS -ST-ZIP  E  EIT ADDRESS -ST-ZIP  E  EIT ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change Change	egistered office agent. I am  RS IN 12  Addition  Addition
GREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TY-ST-ZIP  TLE  AME  TY-ST-ZIP  TLE  TY-ST-ZIP	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD LEIDHOLT 3125 NAU	or, if the state of Fior the obligations of, Sections of,	Total Such change was authorization 617.0503, Florida Statutes at and title of applicable (NO ND DIRECTORS DELETE DELETE	DTE: Registered Agents and the above and by the cords.  13.  1.1 TITLE 1.2 NAMI 1.3 STREI 2.4 CITY 2.1 TITLE 3.2 NAME 3.3 STREI 4.1 TITLE 4.2 NAMI 4.3 STREI 4.2 NAMI 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 NAME	e-named corporation's  gent signature in  E  EI ADDRESS -ST-ZIP  E  EIT ADDRESS -ST-ZIP  E  EIT ADDRESS -ST-ZIP  E  EIT ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change Change	egistered office agent. I am  RS IN 12  Addition  Addition
GNATURE  IGNATURE  ILE  AME  REET ADDRESS  IY-SI-ZIP  ILE  MME  REET ADDRESS  IY-SI-ZIP  ILE  ME  REET ADDRESS  IY-SI-ZIP  ILE  ME  REET ADDRESS  IY-SI-ZIP  ILE  ME  REET ADDRESS  IY-SI-ZIP	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD LEIDHOLT 3125 NAU	or, if the state of Fior the obligations of, Sections of,	Total Such change was authorization 617.0503, Florida Statutes at and the of applicable (NO ND DIRECTORS DELETE DELETE DELETE	DTE: Registered Agency and by the cords.  13.  1.1 TITLE 1.2 NAMI 1.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAMI 4.3 STREE 4.2 NAMI 5.3 STREE 5.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY	e-named corporation's  ent signature in  E  EI ADDRESS -ST-ZIP  E  EI ADDRESS -ST-ZIP  E  EI ADDRESS -ST-ZIP  EI ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	stating) DDITIONS/CH/ CLARK BSOS	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change Change	egistered office agent. I am  RS IN 12  Addition  Addition  Addition
GNATURE  IGNATURE  ILE  AME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD LEIDHOLT 3125 NAU	or, if the state of Fior the obligations of, Sections of,	Total Such change was authorization 617.0503, Florida Statutes at and title of applicable (NO ND DIRECTORS DELETE DELETE	DTE: Registered Agency and by the cords.  13.  1.1 TITLE 1.2 NAMI 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREE 4.2 NAMI 4.3 STREE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 5.5 TITLE 5.6 TITLE 5.7 TITLE 5.7 TITLE 5.7 TITLE 5.8 TITLE 5.8 TITLE 5.9 TITLE 5.9 TITLE 5.9 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 TITLE 5.3 STREE 5.4 CITY- 6.1 TITLE	e-named corporation's  E  E  EI ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	Stating) DDITIONS/CH/ CLARK BY B505	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change Change	egistered office agent. I am  RS IN 12  Addition  Addition
GREET ADDRESS  TY-ST-ZIP  TLE  AME  REET ADDRESS  TY-ST-ZIP  TLE  AME  REET ADDRESS  TY-ST-ZIP  TLE  AME  REET ADDRESS  TY-ST-ZIP  TLE  MME  ME  REET ADDRESS  TY-ST-ZIP  TLE  MME  ME  REET ADDRESS  TY-ST-ZIP  TLE  MME	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD LEIDHOLT 3125 NAU	or, if the state of Fior the obligations of, Sections of,	Total Such change was authorization 617.0503, Florida Statutes at and the of applicable (NO ND DIRECTORS DELETE DELETE DELETE	DTE: Registered Ag  13.  1.1 TITLE  1.2 NAMI  1.3 STREI  2 NAMI  2 STREI  2 4 CITY  3.1 TITLE  4.2 NAMI  4.3 STREI  4.1 TITLE  5.2 NAME  5.3 STREI  6.1 TITLE  6.2 NAME  6.3 NAME  6.3 NAME  6.3 NAME  6.4 NAME  6.5 NAME  6.5 NAME  6.5 NAME  6.5 NAME  6.6 NAME  6.7 NAME  6.7 NAME  6.7 NAME  6.8 NAME  6.8 NAME  6.9 NAME  6.9 NAME  6.9 NAME  6.9 NAME  6.9 NAME  6.1 NAME  6.1 NAME  6.2 NAME  6.3 NAME	e-named corporation's  E  E  ET ADDRESS -ST-ZIP	required when rains  A  VD  Robert  P.O. 86	Stating) DDITIONS/CH/ CLARK BY B505	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change Change	egistered office agent. I am  RS IN 12  Addition  Addition  Addition
GNATURE  IGNATURE  ILE  AME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE	PCD NEWBERG 483 CREIK ORANGE TD WELLS, TI 1238 TIBE JACKSON SD MCKINLAY 6127 SHA JACKSON VD LEIDHOLT 3125 NAU	or, if the state of Fior the obligations of, Sections of,	Total Such change was authorization 617.0503, Florida Statutes at and the of applicable (NO ND DIRECTORS DELETE DELETE DELETE	DTE: Registered Ag  13.  1.1 TITLE  1.2 NAMI  1.3 STREI  2 NAMI  2 STREI  2 4 CITY  3.1 TITLE  4.2 NAMI  4.3 STREI  4.1 TITLE  5.2 NAME  5.3 STREI  6.1 TITLE  6.2 NAME  6.3 NAME  6.3 NAME  6.3 NAME  6.4 NAME  6.5 NAME  6.5 NAME  6.5 NAME  6.5 NAME  6.6 NAME  6.7 NAME  6.7 NAME  6.7 NAME  6.8 NAME  6.8 NAME  6.9 NAME  6.9 NAME  6.9 NAME  6.9 NAME  6.9 NAME  6.1 NAME  6.1 NAME  6.2 NAME  6.3 NAME	e-named or reporation's sent signature in the signature i	required when rains  A  VD  Robert  P.O. 86	Stating) DDITIONS/CH/ CLARK BY B505	ANGES TO OFF	DATE	hanging its ras registered  ND DIRECTO Change Change Change	egistered offic agent. I am  RS IN 12  Addition  Addition  Addition

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timethy R. Wills TREASURER
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 904-399-1200