| . CHILLY I VOING | DOCUMENT # N51064 | | | | | FILED | | | | |
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| rincipal Place | of Business | Mailing Address | | | SE | CRETARY OF STATE AHASSEE, FLORID | <u> </u> | | | |
| PO BOX 38154 PO BOX 38154 TALLAHASSEE, FL 32315 US US US | | | E, FL 32 | 2315 | ŢALI | ȚALLAHASSEE, FLUHIUA | | | | |
| Principal Plac | ce of Business | 3. Mailing Address | | | | İ | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | DO NOT WRITE IN T | HIS SP | ACE | | |
| City & State City & State | | | | 4. FEI Numb | 4. FEI Number 59-3222198 | | | plied For | | |
| Zip | Country | Zip | Cou | untry | 5. Certificate | of Status Desired | | 8.75 Add | fitional | |
| 6. Name and Address of Current Registered Agent | | | | | 7 Name and | Address of New Registe | | ee Required | ď | |
| | o. Manie and Address of Currer | ir izeðiereien Wiletir | _ | Name | 7. Hame and | Muless of New Keylste | rea Ag | OIIL | | |
| DUNLAP, DAVIDSON F JR 215 S. MONROE 2 ND FLOOR | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 1 ALLAHASSEE FL 32301 | | | | City | | | FL. | Zip Code | e | |
| ojava oji o i 🔼 | amed entity submits this statement | <u> </u> | | | | | | | | |
| ភ្នំស ង ហូត្រ <u> </u> | gnature, typed or printed name of registered age FILE NOW: | nt and title if applicable. (NO | TE: Registered | d Agent signature re | equired when reinstating) 55.00 May Be Added to Fees | | | | | |
| ijwanjio "- | gnature, typed or printed name of registered age FILE NOW: | nt and title if applicable. (NO 9. Election Campaig Trust Fund Contrib | TE: Registered | d Agent signature re | equired when reinstating) 55.00 May Be Added to Fees | Make Che Departe | ack Pa nent o | of State | | |
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atterment with an address, with an other like empowered.

DONNA NICHOLS

6/6/2000 201-7367
Date Dayline Phone #