FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							¬ FILED			
	CORPORATION Sai			A DEPARTMENT OF STATE andra B. Mortham Secretary of State		Jan 29	Jan 29 1998 8:00am			
	1998 [%]		DIVISION OF CORPORATIONS			Secr	Secretary of State			
1. Corporation	MENT # J82	232	(6)			Scci	Ctai y	01 21	.acc	
NUDE	rt a. Routa, p.a.									
Principal Place of Business Mailing Address 2931 CRAWFORDVILLE HWY P. O. DRAWER 6506 SUITE B TALLAHASSEE FL 32314-6506										
CRAWFORDVILLE FL 32327 US						3. Date incorporated or	OT WRITE IN TH	IS SPACE		
						07/13/1987				
	Place of Business Crawfordville	2a. Mailing	Address O. Draw	or 65	06	4. FEI Number			Applied For	
Suite, Apt			pt. #, etc.	er 02	00	59-2822642			Not Applicable Additional	
22 Suite		27				5. Certificate of Status D	esired		Required	
City & Sta						6. Election Campaign Fi			О мау Ве	
Zip	Country Zip Co					8. This corporation owes			d to Fees	
24 32327	25 Wakull	a 29 323°	14 3	io Leo	n	Personal Property Tax	due June 30.	Yes	□ No	
D/	 Name and Address of DUTA, ROBERT A. 	Current Hegistered Ag	jent	81	Name	10. Name and Address	of New Registere	ed Agent		
	GHWAY 319, CRAWFORD	VILLE. FL		82		ddroog (D.O. Day Niveshay is No	. A			
	O. DRAWER 6506	··, · -			Sireel A	ddress (P.O. Box Number is No	Acceptable)			
TA	ILLAHASSEE FL 32314-65	06		83		-				
				84	City			85 Zip	Code	
11. Pursuant	to the provisions of Sections (07.0502 and 607.1508,	Florida Statutes	the above	-named c	corporation submits this stateme	nt for the purpose	of changing	its registered	
office or a agent, I a SiGNATURE	registered agent, or both, in the im familiar with, and accept the	e State of Florida, Such e obligations of, Section	change was au 607.0505, Florid	thorized by da Statutes	the corpo	corporation submits this statemed oration's board of directors. I her	eby accept the a	ppointment a	s registered	
12.	Signature, typed or printed name of region	stered agent and title if applicable	, (NOTE F		nt signature ri	equired when reinstaling)	DATE			
TITLE	D		DELETE	13.		ADDITIONS/CHANGES	TO OFFICERS A	Change		
NAME	ROUTA, ROBERT A.			1.2 NAME						
STREET ADDRESS	HIGHWAY 319			1.3 STREET	ADDRESS					
CITY-ST-ZIP TITLE	CRAWFORDVILLE FL		DELETE	1.4 CITY-ST 2.1 TITLE	- ZIP			Change	Addition	
NAME		_		2.7 TITLE 2.2 NAME				ET Olianiae	☐ Addition	
STREET ADDRESS				2.3 STREET	ADDRESS					
CITY-ST-ZIP				2. 4 CITY-S	r-zip					
TITLE NAME		L	DELETE	3.1 TITLE				∐ Change	Addition	
STREET ADDRESS				3.2 NAME 3.3 STREET A	DORESS					
CITY-ST-ZIP				3.4. CITY-ST				_		
TITLE		Ţ	DELETE	4.1 TITLE				Change	Addition	
NAME OTREET ADDRESS				4. 2 NAME						
STREET ADDRESS CITY-ST-ZIP				4.3 STREET A 4.4 CITY-ST	l l					
TITLE		<u> </u>	DELETE	5.1 TITLE	<u>-n</u>			Change	Addition	
NAME				5.2 NAME	İ					
STREET ADDRESS				5.3 STREET A	- 1					
CITY-ST-ZIP TITLE		Г	DELETE	6.1 TITLE	ZIP			Change	Addition	
NAME		_		6.2 NAME					— Addition	
STREET ADORESS				6.3 STREET A	DORESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 tegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attendment with an address.

SIGNATURE:

TURE REQUIRED

1-21-9+

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