

FILED
Apr 14, 2003 8:00 am
Secretary of State

0446401 AV



Principal Place of Business
1211 W TERRACE DRIVE
PLANT CITY FL 33565
US

Mailing Address
PO BOX 1150
PLANT CITY FL 33564
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

| | | | |
|----------------|--------------------|---------------------------------|--|
| TITLE | S | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Amy S. Wiggins | | |
| STREET ADDRESS | 721 Kensington St | | |
| CITY-ST-ZIP | Leakland, PA 15223 | | |

☐ Delete

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Shamir A. Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

813 752-6227

Date _____

Daytime Phone #

CR2E034 (10/02)