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6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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 legal effect as if made under the information supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the same legal effect.	office of t agent 1 a SIGNA TURE IZ. ITLE IAME SIMEELADDRESS CTY-ST-ZIP ITLE IAME STREELADDRESS CITY-ST-ZIP ITLE IAME STREELADDRESS CITY-ST-ZIP ITLE IAME STREELADDRESS CITY-ST-ZIP ITLE IAME STREELADDRESS CITY-ST-ZIP ITLE IAME STREELADDRESS CITY-ST-ZIP	registered agent, or both, in the im familiar with, and accept the Signative type of sended name of neget OFFICER ST POTTS, S L 8350 W HILLSBOROUGH TAMPA, FL 00000 PD POTTS, J S, JR 8350 W HILLSBOROUGH TAMPA, FL 00000 D POTTS, MARGARET S 8350 W HILLSBOROUGH	State of Florida. Sobligations of, Se and open and allerit ap S AND DIRECTO	Such change was a exclion 607.0505, Flo	Dis, the above-named corruthorized by the corporative structures. Fingistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.1 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.1 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 5.1 CITY-ST-ZIP 6.1 TITLE 6.1 STREET ADDRESS 6.3 STREET ADDRESS 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 7.1 TITLE	ation's board of directors. I hereby ac	FL	its registered