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| 6 4 CitY-ST-ZIP 6 4 CitY-ST-ZIP 14. Leo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If a 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 mad 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 mad 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 mad | Pursuant to or registerec faminar with SNATURE | PS ALLEN,ROE 1404 HIGH | Officers of resources of the officer officer of the officer o | and the state of t | DELETE | tes, the abox zed by the c4 s. 13. 1 111 1 2 NA 1 3SI 1 4 CP 2 1 71 2 2 NA 2 3 ST 2 4 CP 3 1 TP 3 3 S 3 4 CP 4 1 1 4 2 N 3 3 S 3 4 CP 5 1 1 5 2 N 5 3 S 5 4 CC 6 1 6 2 N 5 3 S | Age in annext componention is bo Age in sensel for romanic ILF MELIADDRESS IY - ST - ZIP TLE MEEI ADDRESS IY - ST - ZIP TLE AME TREET ADDRESS IY - ST - ZIP TLE AME TREET ADDRESS ITY - ST - ZIP TTLE AME TREET ADDRESS ITY - ST - ZIP TTLE AME STREET ADDRESS STY - ST - ZIP TTLE STREET ADDRESS STY - ST - ZIP | irec when redistring! | ne purpose of (e appointment pate | Changing lits re t as registered AND DIRECTO Change Change Change Change Change Change Change | egistered offic agent. I am DRS IN 12 Addition |