

FILED
Apr 25, 2008 8:00 am
Secretary of State

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Mailing Address
PO BOX 2316
WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1272082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, L.D.
3535 US HWY 17 NORTH
WINTER HAVEN, FL 33881

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	C
NAME	TUCKER, L.D.
STREET ADDRESS	3535S HWY 17 N.
CITY-ST-ZIP	WINTER HAVEN, FL 33881

TITLE	S
NAME	BODOLAY, STEPHEN M
STREET ADDRESS	5517 HIGHLANDS VISTA CIRCLE
CITY-ST- ZIP	LAKELAND, FL 33813

TITLE	PD
NAME	RICE, JOHN W. JR.
STREET ADDRESS	306 NIBLICK CIRCLE
CITY-ST-ZIP	WINTER HAVEN, FL 33884

TITLE	DVP
NAME	TUCKER, L.D. JR.
STREET ADDRESS	130 LK, MARIAN WAY
CITY-ST-ZIP	WINTER HAVEN, FL

TITLE	DVP
NAME	WILLIAMS, CHARLES A
STREET ADDRESS	3031 LANTANA CIRCLE
CITY-ST-ZIP	AUBURNDALE, FL 33823

TITLE	DVP
NAME	ARNOLD, ROBERT W
STREET ADDRESS	534 SOMERSET DRIVE
CITY-ST-ZIP	AUBURNDAL, FL 33823

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08
Date

Daytime Phone # _____