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14. Learning of the information stated n Section 119 07(3)(i) Florida Statutes. I further certify that the information	SIGNATUR E SIGNATUR E IZ. ITLE IAME ITREET ADDRE:S ITY-ST-ZIP ITLE IAME ITREET ADDRE SS ITY-ST-ZIP ITLE IAME ITREET ADDRE SS ITY-ST-ZIP ITLE IAME ITLE ITLE IAME ITLE ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME	egistered agent, or both, in minifamiliar with, and accept Signature. typed or printed narrie of ro- DFFI SD RICHARDS, ALLEN 12040 PINE CT W. SH LEESBURG, FL 00000 SPD POTTER, JAN C 4833 SLOWOOD DRIV TANGERINE, FL 00000 TD POTTER, DEL G 975 OLD EUSTIS RD. MOUNT DORA, FL 000 SD JAEB, GERALD E 4183 SLOEWOOD DRIV	the State o' Florida the obligations of, S agistered agent ind title if a ICERS ANE DIREC IORES	. Such change was au isection 607.0505, Fic ri- TORS DELETE DELETE DELETE DELETE DELETE	s, the above-named corp thorized by the corporation a Statutes. Registered Agent signature require 13, 1.1 TITLE 12 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	on s board of oirectors. I hereby accept the	F	F S IN 12 Addition
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