2003 FOR PROFIT CORPORATION

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DOCU 1. Entity Nam STEAMBO		5	"		FILED 03 JUL 14 PM 12	37	Ą
Principal Place of Business Mailing Address •RT. 2. BOX 175 •RT. 2. BOX 175 P O BOX 28 P O BOX 28 BRANFORD FL 32008-6307 BRANFORD FL 32008-6307			7		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 13. Mailing Address 13. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.				I INDIAN HAND HAND HAND HAND HAND HAND HAND HA			 \$6
City & State City & State				4. FEI Number 59-1297384 Applied For		or	
77.000 Zip - 32.000	Country Credent	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	cable
	6. Name and Address of Current	Registered Agent	 _		7. Name and Address of New Registere		
	o. Hand and Address of Garrent	logistores Agent	Name		71 (tame and Madroda of New Hogistere	- Ago	
SMITH, WILLIAM B. Street Address (t Address (P.	P.O. Box Number is Not Acceptable)		
BRANFORD FL 32008						■ Zip Code	
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.							cept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent sig	nature required w	hen reinstating) DATE		-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Added to Fee	
10,	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, EDWINA B 1220 N E 127 LN BRANFORD FL 32008	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss	600021587 : 07/16/0301024001	Fl₂Gr ange □ Ad **400.00	uoipipi CR2E034 (10/02)
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12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify fo true and accurate and that i	r the exemption s my signature shal	stated in Sect I have the sa	ion 119.07(3)(i), Florida Statutes. I further ome legal effect as if made under oath; that	ertify that the informati I am an officer or direc	on

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 | SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Daysime Phone #*