| PROFIT<br>CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 18 - Carlos                                                                                                               | FLORIDA DEPAR                                                                                                                                                            | TMENT OF STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mar 18 1                                                  | 997 8:0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | )0am                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| ANNUAL REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |                                                                                                                                                                          | <b>. Mortham</b><br>y of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Secreta                                                   | rv of St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ate                                                                                                 |
| 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | DIVISION OF C                                                                                                                                                            | ORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           | i y oi st                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | alt                                                                                                 |
| OCUMENT # <b>386</b><br>Corporation Name<br>WRIGHTWAY PEST CONTRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           | (5)                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | 1 <b>01811 04831 51611 04011 0401</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 <b>8</b> 4 <b>8</b> 44 9 <b>3</b> 84                                                              |
| cipal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 4 x 10 mm                                                                                                               | Address                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |
| I NE THIRD AVENUE<br>LAND PARK FL 33334                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3181 N                                                                                                                    | ORTHEAST THIRD /<br>ND PARK FL 33334                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3. Date Incorporated or Qualified 07/29/1971              | 3a. Date of Last F<br>05/01/1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | leport                                                                                              |
| rincipal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2a. Mai<br>26                                                                                                             | ling Address                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4. FEI Number<br>59-1356215                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | pplied For<br>ot Applicable                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | te, Apt. #, etc.                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5. Certificate of Status Desired                          | □ \$8.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Additional equired                                                                                  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City                                                                                                                      | / & State                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. Election Campaign Financing<br>Trust Fund Contribution | \$5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | May Be                                                                                              |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>28</b> Zıp                                                                                                             |                                                                                                                                                                          | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. This corporation has liability for                     | intangible tax under s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |
| 25<br>9, Name and Address of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 29<br>of Current Registered                                                                                               | d Agent                                                                                                                                                                  | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Florida Statutes 10. Name and Address of New Re           | Yes 🔥 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ·                                                                                                   |
| WRIGHT, ROBERT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                                                                                                                          | 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |
| 3181 NE 3RD AVENUE<br>OAKLAND PARK FL 33334                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |                                                                                                                                                                          | 82 Street Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dress (P.O. Box Number is Not Accepta                     | ble)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                                                                          | 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ······································                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |
| Pursuant to the provisions of Sections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s 607 0502 and 607.11                                                                                                     | 508, Florida Statuti                                                                                                                                                     | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rporation submits this statement for the                  | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Code<br>ts registered                                                                               |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Sgronze spectre productment or re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the State of Florida. S<br>the obligations of, Se<br>restlered agent and the if app                                       | Such change was a ction 607.0505, Flo                                                                                                                                    | es, the above-named co<br>nuthorized by the corpora<br>rida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation's board of directors. I hereby acce                 | PL.<br>purpose of changing i<br>pt the appointment as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ts registered<br>registered                                                                         |
| office or registered agent, or both, in agent 1 am familiar with, and accept NATURE Signature typed or product minimizer or OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the State of Florida S<br>the obligations of, Se                                                                          | Such change was a ction 607.0505, Flo                                                                                                                                    | es, the above-named co<br>authorized by the corpora<br>rida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation's board of directors. I hereby acce                 | PL.<br>purpose of changing i<br>pt the appointment as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ts registered<br>registered                                                                         |
| office or registered agent, or both, in agent I am familiar with, and accept NATURE Signable by estimation measure or respective by estimation measure or respective by estimation of the second secon | the State of Florida S<br>the obligations of, Se<br>systeme agent and the it app<br>CERS AND DIRECTOF                     | Such change was a<br>ction 607.0505, Flo<br>licable (NOT)<br>RS                                                                                                          | es, the above-named co<br>authorized by the corpora<br>rida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation's board of directors. I hereby acce                 | PL.<br>purpose of changing i<br>pt the appointment as<br>DATE<br>CERS AND DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent I am familiar with, and accept<br>NATURE<br>Signatic tyrestor product memory or<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the State of Florida S<br>the obligations of, Se<br>regulation agent and the if app<br>CERS AND DIRECTOF                  | Juch change was a<br>ction 607 0505, Flo<br>licable (NOTI<br>RS                                                                                                          | es, the above-named co<br>huthorized by the corpora<br>rida Statutes.<br>E Registered Agent signature req<br>13.<br>1.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ation's board of directors. I hereby acce                 | PL     purpose of changing i     purpose of changing i     pt the appointment as     DATE     CERS AND DIRECTOF     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ts registered<br>registered<br>IS IN 12                                                             |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signatic tyrestor product memory or<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F<br>DS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the State of Florida S<br>the obligations of, Se<br>regulation agent and the if app<br>CERS AND DIRECTOF                  | Such change was a<br>ction 607.0505, Flo<br>licable (NOT)<br>RS                                                                                                          | es, the above-named co<br>authorized by the corpora-<br>rida Statutes.<br>E Repistered Agent signature req<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation's board of directors. I hereby acce                 | PL.<br>purpose of changing i<br>pt the appointment as<br>DATE<br>CERS AND DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Bight or typestor productment or re<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>DS<br>WRIGHT, CAROL F.<br>3221 S W 19TH STRE<br>ET ADDRESS<br>ET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the State of Florida S<br>the obligations of, Se<br>agriculture agent and the if app<br>CERS AND DIRECTOF<br>ET           | Juch change was a<br>ction 607 0505, Flo<br>licable (NOTI<br>RS                                                                                                          | es, the above-named co<br>authorized by the corpora-<br>rida Statutes.<br>E Registered Agent signature req<br><b>13.</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADORESS<br>1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ation's board of directors. I hereby acce                 | PL     purpose of changing i     purpose of changing i     pt the appointment as     DATE     CERS AND DIRECTOF     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ts registered<br>registered<br>IS IN 12                                                             |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signal an system system product more or re-<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>DS<br>WRIGHT, CAROL F.<br>3221 S W 19TH STRE<br>ST-7P<br>ET ADDRESS<br>ST-7P<br>FORT LAUDERDALE F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the State of Florida S<br>the obligations of, Se<br>agriculture agent and the if app<br>CERS AND DIRECTOF<br>ET           | Luch change was a<br>ction 607 0505, Flo<br>licabin (NOTI<br>RS<br>DELETE                                                                                                | es, the above-named co<br>authorized by the corpora-<br>rida Statutes.<br>E Registered Agent signature reg<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation's board of directors. I hereby acce                 | PL     purpose of changing i     purpose of changing i     pt the appointment as     DATE     CERS AND DIRECTOF     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ts registered<br>registered<br>IS IN 12                                                             |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signature system present or present<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>DS<br>WRIGHT, CAROL F.<br>3221 S W 19TH STRE<br>SIT-7P<br>E<br>E<br>ADDRESS<br>ST-7P<br>FORT LAUDERDALE F<br>ORT LAUDERDALE F<br>FORT LAUDERDALE F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the State of Florida S<br>the obligations of, Se-<br>righten o agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L       | Juch change was a<br>ction 607 0505, Flo<br>licable (NOTI<br>RS                                                                                                          | es, the above-named co<br>uthorized by the corpora-<br>rida Statutes.<br>E Registered Agent signature reg<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ation's board of directors. I hereby acce                 | PL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     DATE     CERS AND DIRECTOF     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent I am familiar with, and accept<br>NATURE<br>Signature spectro priviled memory or<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F<br>SI-7P<br>E DS<br>WRIGHT, CAROL F.<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F<br>T<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F<br>T<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Luch change was a<br>ction 607 0505, Flo<br>licabin (NOTI<br>RS<br>DELETE                                                                                                | es, the above-named co-<br>tuthorized by the corpora-<br>trida Statutes.<br>E Registered Agent signature req<br><b>13.</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ation's board of directors. I hereby acce                 | PL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     DATE     CERS AND DIRECTOF     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent I am familiar with, and accept<br>NATURE<br>Signature spector product memory or<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F<br>DS<br>WRIGHT, CAROL F.<br>3221 S W 19TH STREE<br>SIT-7P<br>FORT LAUDERDALE F<br>T<br>WRIGHT, ROBERT C<br>WRIGHT, ROBERT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Luch change was a<br>ction 607 0505, Flo<br>licabin (NOTI<br>RS<br>DELETE                                                                                                | es, the above-named co<br>huthorized by the corpora-<br>trida Statutes.<br>E Registered Agent signature req<br><b>13.</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST-ZIP<br>3.1 TITLE<br>3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ation's board of directors. I hereby acce                 | PL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     DATE     CERS AND DIRECTOF     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signature system private model and accept<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F<br>SI-7P<br>E<br>ET ADDRESS<br>SI-7P<br>E<br>ET ADDRESS<br>SI-7P<br>E<br>ET ADDRESS<br>SI-7P<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Luch change was a<br>ction 607 0505, Flo<br>licable (NOTI<br>RS<br>DELETE                                                                                                | as, the above-named co-<br>tuthorized by the corpora-<br>tionida Statutes.  E Registered Agent signature reg  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  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation's board of directors. I hereby acce                 | PL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     DATE     CERS AND DIRECTOF     Change     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signature typestar prioritist intervention<br>OFFIC<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F<br>SI-7/P<br>E<br>ET ADDRESS<br>SI-7/P<br>E<br>ET ADDRESS<br>SI-7/P<br>E<br>E<br>HADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Luch change was a<br>ction 607 0505, Flo<br>licable (NOTI<br>RS<br>DELETE                                                                                                | as, the above-named co-<br>tuthorized by the corpor-<br>trida Statutes.  E Registered Agent signature req  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  3.4 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ation's board of directors. I hereby acce                 | PL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     DATE     CERS AND DIRECTOF     Change     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signature system private model and accept<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F<br>SI-7P<br>E<br>ET ADDRESS<br>SI-7P<br>E<br>ET ADDRESS<br>SI-7P<br>E<br>ET ADDRESS<br>SI-7P<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Luch change was a<br>ction 607 0505, Flo<br>licable (NOTI<br>RS<br>DELETE                                                                                                | as, the above-named co-<br>tuthorized by the corpora-<br>tionida Statutes.  E Registered Agent signature reg  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  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation's board of directors. I hereby acce                 | PL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     DATE     CERS AND DIRECTOF     Change     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signate typed or priorid name or or<br>OFFIC<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>3221 S W 19TH STRE<br>Sit 7/P<br>E<br>ET ADDRESS<br>Sit 7/P<br>E<br>ET ADDRESS<br>Sit 7/P<br>E<br>ELLADDRESS<br>Sit 7/P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Luch change was a<br>ction 607 0505, Fic<br>(NOT<br>3S<br>DELETE<br>DELETE                                                                                               | as, the above-named co-<br>huthorized by the corpor-<br>trida Statutes.<br>E Registered Agent signature req<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ation's board of directors. I hereby acce                 | FL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     DATE     CERS AND DIRECTOF     Change     Change     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ts registered                                                                                       |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signature spectro prioritid memory or<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STREE<br>FORT LAUDERDALE F<br>SIL-7P<br>E<br>ET ADDRESS<br>SIL-7P<br>E<br>ET ADDRESS<br>SIL-7P<br>E<br>E<br>H ADDRESS<br>SIL-7P<br>E<br>E<br>H ADDRESS<br>SIL-7P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Luch change was a<br>ction 607 0505, Fic<br>(NOT<br>3S<br>DELETE<br>DELETE                                                                                               | as, the above-named co-<br>tuthorized by the corpor-<br>trida Statutes.  E Registered Agent signature req  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  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ation's board of directors. I hereby acce                 | FL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     DATE     CERS AND DIRECTOF     Change     Change     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ts registered                                                                                       |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signate typed or privid name or or<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>3221 S W 19TH STRE<br>SIT-7P<br>ET ADDRESS<br>SIT-7P<br>FORT LAUDERDALE F<br>T<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>SIT-7P<br>FORT LAUDERDALE F<br>SIT-7P<br>E<br>ET ADDRESS<br>SIT-7P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Luch change was a<br>ction 607 0505, Fic<br>(NOT<br>3S<br>DELETE<br>DELETE                                                                                               | as, the above-named co-<br>huthorized by the corpor-<br>trida Statutes.<br>E Registered Agent Agent Agenature req<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation's board of directors. I hereby acce                 | FL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     DATE     CERS AND DIRECTOF     Change     Change     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ts registered                                                                                       |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>DS<br>WRIGHT, CAROL F.<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>T<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>T<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>S1-7P<br>E<br>E1 ADDRESS<br>S1-7P<br>E<br>E1 ADDRESS<br>S1-7P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Duch change was a ction 607 0505, Fic                                                                                                                                    | 235. The above-named co-<br>Turthorized by the corpora-<br>trida Statutes.<br>E Registered Agent Agent Agenature req<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE<br>6.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation's board of directors. I hereby acce                 | FL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     CERS AND DIRECTOF     Change     Change     Change     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signate typed of printid memo or or<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>T<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>ST-7P<br>FORT LAUDERDALE F<br>ST-7P<br>E<br>EL ADDRESS<br>ST-7P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the State of Florida S<br>the obligations of, Se-<br>rightence agent and the it app<br>CERS AND DIRECTOF<br>ET<br>L<br>ET | Duch change was a ction 607 0505, Fic                                                                                                                                    | as, the above-named co-<br>huthorized by the corpor-<br>trida Statutes.<br>E Registered Agent Agent Agenature req<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation's board of directors. I hereby acce                 | FL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change     CERS AND DIRECTOF     Change     Change     Change     Change     Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ts registered<br>registered                                                                         |
| office or registered agent, or both, in<br>agent 1 am familiar with, and accept<br>NATURE<br>Signal are speed or product more or or<br>OFFIC<br>PD<br>WRIGHT, ROBERT C<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>DS<br>WRIGHT, CAROL F.<br>3221 S W 19TH STRE<br>FORT LAUDERDALE F<br>ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>E<br>ET ADDRESS<br>(ST-7P<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | the State of Florida S<br>the obligations of, Se-<br>restance operations of Director<br>ET<br>L<br>ET<br>L                | Uch change was a ction 607 0505, Fic  Icable (NOTI  S  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  IDELETE  IDELETE  IDELETE  Ing does not qualif annual report is t | as, the above-named co<br>huthorized by the corpor-<br>rida Statutes.<br>E Registered Agent Agent Agent<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br>5.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>5.3 STREET ADDRESS<br>5.4 STREET ADDRESS<br>5.4 STREET ADDRESS<br>5.4 | ation's board of directors. I hereby acce                 | FL     purpose of changing i     purpose of changing i     purpose of changing i     purpose of change         DATE         CERS AND DIRECTOF         Change         C | ts registered<br>registered<br>IS IN 12<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition |