	PROFIT PORATION			TMENT OF STATE	Feb 11	1997 8.	002
ANNU	JAL REPORT		•	y of State			
-	1997			ORPORATIONS	Secret	tary of S	State
CUN	MENT # 40'	1286	(0)				
	ELECTRIC INC.						
ipal Place	e of Business	Mailir	ng Address				
W SOUTH			W SOUTH AVE A FL 33614-6553				
a FL 3361	19	US	A FL 00014-0000				
					3. Date Incorporated or Qualified 05/16/1972	3a. Date of Last R 02/13/1996	eport
incipal Pl	lace of Business	⊢	ailing Address		4. FEI Number	Ар	plied For
uite, Apl a	#, elc.	26 S	uite, Apt. #, etc.		<u>59-1396630</u>	\$8.75	t Applicabl
0 Chala		27	aty & State		5. Certificate of Status Desired	Fee Re	
ity & State	U	28	aly a state		6. Election Campaign Financing Trust Fund Contribution	\$5.00	
φ.	Country		ip	Country	8. This corporation has liability for	intangible tax under s.	199.032,
	25 9. Name and Addres	29 s of Current Register	red Agent	30	Florida Statutes L 10, Name and Address of New Re		
MOA	TES, STEVEN			81 Name			
1812	22 Waynr Road			82 Street	Address (P.O. Box Number is Not Acceptal	ble)	
ODE	ISSA FL 33556					·····	
				83			
				84 City		El 85 Zip 6	Code
Pursuant t	to the provisions of Section	ons 607.0502 and 607 in the State of Florida	.1508, Florida Statut Such change was a	es the above-named	corporation submits this statement for the poration's board of directors. I hereby acce	FL Durpose of changing it	s registere
office or re agent. I ar NATURE	egistered agent, or both, m familiar with, and acce Signative spector printed name	in the State of Florida opt the obligations of, S of registered agent and lifte it a	Such change was a Section 607.0505, Fix	es, the above-named authorized by the corp orida Statutes.	poration's board of directors. I hereby acce	FL purpose of changing it pointment as	s registere registered
office or re agent. Lai NATURE	egistered agent, or both, m familiar with, and acce <u>signarize spector protection</u> OF	in the State of Florida pL the obligations of, \$. Such change was a Section 607.0505, Fk	es, the above-named authorized by the corp orida Statutes. E: Registored Agent signature 13,	voration's board of directors. I hereby acce required when reinstating) ADDITIONS/CHANGES TO OFFI	FL purpose of changing it pointment as	s registere registered
office or re agent. I ar NATURE	egistered agent, or both, im familiar with, and acce Signature spector printed name of OF PD MOATES, STEVEN	in the State of Florida opt the obligations of, S of registered agent and life if a FICERS AND DIRECTI	Such change was a Section 607.0505, Fix	es, the above-named authorized by the corp orida Statutes.	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOF	s registere registered
office or re agent. La NATURE	egistered agent, or both, im familiar with, and acce Signarie typed or printed name OF PD MOATES, STEVEN 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and life if a FICERS AND DIRECTI	. Such change was a Section 607.0505, Fk	es, the above-named authorized by the corp orida Statutes. E: Registered Agent signature 13. 1.1 TILE	required when reinstating) ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE	DATE CERS AND DIRECTOF	s registere registered
office or re agent. Lar NATURE	egistered agent, or both, im familiar with, and acce Signarie: spector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000	in the State of Florida opt the obligations of, S of registered agent and life if a FICERS AND DIRECTI	Such change was a Section 607.0505, Fic Applicable (NOT ORS DELETE	es, the above-named authorized by the corp orida Statutes. E: Registered Agent signature 13, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA IFL 33614	DATE CERS AND DIRECTOF	s registere registered IS IN 12
office or re agent. Lar NATURE TADRESS ST-ZIP	egistered agent, or both, im familiar with, and acce Signarie typed or printed name OF PD MOATES, STEVEN 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and lide if a FICERS AND DIRECT E BLVD	. Such change was a Section 607.0505, Fk	es, the above-named authorized by the corp orida Statules. E: Registered Agent signature 13, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA FL 33614 VD	PL purpose of changing it put the appointment as DATE CERS AND DIRECTOF CERS AND DIRECTOF Change	is registere registered IS IN 12
office or re agent. Lar IATURE TADDRESS ST-ZIP	egistered agent, or both, im familiar with, and acce Signarie: spector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD	in the State of Florida opt the obligations of, S of registered agent and life if a FTCERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fic Applicable (NOT ORS DELETE	es, the above-named authorized by the corp orida Statules. E: Registered Agent signature 13, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA IFL 33614	PL purpose of changing it put the appointment as DATE CERS AND DIRECTOF CERS AND DIRECTOF Change	is registere registered IS IN 12
office of tragont. Langent. Langent. Langent. Langer Langer Strade Strad	egistered agent, or both, im familiar with, and acce Signaries spectre printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL	in the State of Florida opt the obligations of, S of registered agent and life if a FTCERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS CM DELETE	es, the above-named authorized by the corp orida Statutes. E: Registered Agent signature 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	required when reinstating) ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614	PL purpose of changing it pot the appointment as DATE CERS AND DIRECTOF CERS AND DIRECTOF Change	IS IN 12
office of tr agont. Lar NATURE FADDRESS S1-ZIP TADDRESS S1-ZIP	egistered agent, or both, im familiar with, and acce Signaries spectro printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD	in the State of Florida opt the obligations of, S of registered agent and IBe II a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fic Applicable (NOT ORS DELETE	es, the above-named authorized by the corp orida Statules. E: Peg stored Agent signature 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	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA IFL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA JFL 33614 STD	PL purpose of changing it purpose of changing it be appointment as	IS IN 12
office of tr agont. Lar NATURE FADDRESS S1-ZIP TADDRESS S1-ZIP	egistered agent, or both, im familiar with, and acce Signaries spectre printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS CM DELETE	es, the above-named authorized by the corp orida Statutes. E: Pegistered Agent signature 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	ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA IFL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA IFL 33614 STD MC FARLAND, CARRIE	DATE CERS AND DIRECTOF CERS AND DIRECTOF Change	IS IN 12
office or r agont. Lar NATURE LADRESS S1-ZIP LADRESS LADRESS	egistered agent, or both, m familiar with, and acce Signaries spectro printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS CM DELETE	es, the above-named authorized by the corp orida Statules. E: Peg stored Agent signature 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	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA IFL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA JFL 33614 STD	FL purpose of changing it purpose of changing it DATE CERS AND DIRECTOF CERS AND DIRECTOF Change Change Change Change Change Change	IS IN 12
office or r agont. Lar NATURE LADRESS S1-ZIP LADRESS LADRESS	egistered agent, or both, im familiar with, and acce State respector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS CM DELETE	es, the above-named authorized by the corp orida Statules. E: Registered Aperit signature 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	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it purpose of changing it DATE CERS AND DIRECTOF CERS AND DIRECTOF Change Change Change Change Change Change	IS IN 12
office or r agont. 1 ar NATURE I ADDRESS S1-ZIP I ADDRESS S1-ZIP 1 ADDRESS S1-ZIP	egistered agent, or both, im familiar with, and acce State respector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS DELETE	es, the above-named authorized by the corp orida Statules. E: Peg stored Agent signature 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	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it pointment as DATE CERS AND DIRECTOF Change Change Change Change Change Change	IS IN 12
I ADDRESS S1-ZIP ADDRESS S1-ZIP ADDRESS S1-ZIP ADDRESS S1-ZIP	egistered agent, or both, im familiar with, and acce State respector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS DELETE	es, the above-named authorized by the corp orida Statules. E: Peg stored Agent signature 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	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it pointment as DATE CERS AND DIRECTOF Change Change Change Change Change Change	IS IN 12
I ADDRESS S1-ZIP ADDRESS S1-ZIP ADDRESS S1-ZIP ADDRESS S1-ZIP	egistered agent, or both, im familiar with, and acce State respector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS DELETE	es, the above-named authorized by the corp orida Statules. E: Peg stored Agent signature 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	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it pointment as DATE CERS AND DIRECTOF Change Change Change Change Change Change	IS IN 12
office or r agont. Lar NATURE LADDRESS ST-ZIP LADDRESS ST-ZIP LADDRESS ST-ZIP LADDRESS ST-ZIP	egistered agent, or both, im familiar with, and acce State respector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS CORS CORS CORS DELETE DELETE	es, the above-named authorized by the corp orida Statules. E: Peg stored Agent signature 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	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it purpose of changing it DATE CERS AND DIRECTOF Change	IS IN 12
office or r agont. Lar NATURE FADDRESS S1-ZIP TADDRESS S1-ZIP FADDRESS S1-ZIP FADDRESS S1-ZIP FADDRESS S1-ZIP	egistered agent, or both, im familiar with, and acce State respector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS CORS CORS CORS DELETE DELETE	es, the above-named authorized by the corp orida Statutes. E: Registored Agent signature 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	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it purpose of changing it DATE CERS AND DIRECTOF Change	IS IN 12
office or r agont. Lar NATURE LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP	egistered agent, or both, im familiar with, and acce State respector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS CAR DELETE CAR DELETE DELETE	es, the above-named authorized by the corp orida Statutes. E: Peg stored Agent signature 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 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it purpose of changing it DATE CERS AND DIRECTOF Change	IS IN 12 IS IN 12 Addition
office or r agont. Lar NATURE LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP	egistered agent, or both, im familiar with, and acce State respector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS CORS CORS CORS DELETE DELETE	es, the above-named authorized by the corp orida Statules. E: Registored Agent signature 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 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it purpose of changing it DATE CERS AND DIRECTOF Change	IS IN 12 IS IN 12 Addition
office or r agont. 1 ar NATURE I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP	egistered agent, or both, im familiar with, and acce State respector printed name OF PD MOATES, STEVEN 5009 N WESTSHOR TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHOR TAMPA FL STD MOATES, MICHELLE 5009 N WESTSHOR	in the State of Florida opt the obligations of, S of registered agent and IBe If a FICERS AND DIRECT E BLVD	Such change was a Section 607.0505, Fik ORS CAR DELETE CAR DELETE DELETE	es, the above-named authorized by the corp orida Statutes. E: Peg stored Agent signature 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 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it purpose of changing it DATE CERS AND DIRECTOF Change	IS IN 12 IS IN 12 Addition
office or r agont. Lar NATURE FADDRESS SI-ZIP FADDRESS SI-ZIP FADDRESS SI-ZIP FADDRESS SI-ZIP FADDRESS SI-ZIP	egistered agent, or both, m familiar with, and acce Signarie: spector protect name of PD MOATES, STEVEN 5009 N WESTSHORI TAMPA, FL 00000 VD MOATES, MATTHEW 5009 N WESTSHORI TAMPA FL 5009 N WESTSHORI TAMPA FL	in the State of Florida opt the obligations of, S of registered agent and life if a FICERS AND DIRECT E BLVD E BLVD.	Such change was a Section 607.0505, Fik ORS CALETE DELETE DELETE DELETE DELETE DELETE	es, the above-named authorized by the corp orida Statutes. E: Peg stored Agent signature 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 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFI PD MOATES, STEVEN 4022 W. SOUTH AVE TAMPA, FL 33614 VD MOATES, MATTHEW 4022 W. SOUTH AVE TAMPA, FL 33614 STD MCFARLAND, CARRIE 4022 W. SOUTH AVE	FL purpose of changing it purpose of changing it DATE CERS AND DIRECTOF Change Change	is registered registered IS IN 12 Additio