DOCUMENT # 415594 (1) CERTIFICATION OF BURNINGS Molting Address Molting Address Molting Address Molting Address 100 \$ DANNE BLOSSOM TR APOPAR R. 32703 2. Principal Plance of Burnings APOPAR R. 32703 2. Principal Plance of Burnings APOPAR R. 32703 2. Principal Plance of Burnings 3. Date Incorporation of Clusteric 3. Date Incorporation of Cl		PROFIT RPORATION UAL REPORT 1996		Sandr Secre DIVISION Q	PARTMENT OF STATE a B. Mortham etary of State F CORPORATIONS			
EBERSOLE-GRADEN, INC. Principal Place of Business 1908 S GANAGE BLOSSOM TR APORA FL 32700 2. Fire region Place of Business 2. Making Address 30 Subs. Ask. F. etc. 30 Subs. As		MENT # 4	15594	(1)	+ 373 9 - 0	9		
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2		L 32700				Date Incorporated or Qualified	3a. Date of Last I	Report
Substance September Septem	2. Principal Pl	lace of Business	2a.	Mailing Address		12/29/1972		1995
S. Certificate of Status Desired S8.75 Additional Fee Required Selection Company Fee Required		#. etc.	· · · · · · · · · · · · · · · · · · ·			1		Applied For Not Applicable
Section Sect						5. Certificate of Status Desired		
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355 VOTAW RD APOPKA FL 32703 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing ats registered office for registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office formular with, and allocate the aborgations of, Section 037.0505, Florida Statutes. SIGNATURE Symbon, florid or printed rate of registered spiral and rise if appointment as registered differ formular with, and allocate of the corporation's board of directors. I hereby accept the appointment as registered agent. I am formular with, and allocate the aborgations of, Section 037.0505, Florida Statutes. SIGNATURE Symbon, florid or printed rate of registered agent. I am formular with, and allocate of printed rate of registered agent. I am formular with, and allocate of printed rate of registered agent. I am formular with, and allocate of printed rate of registered agent. I am formular with, and allocate of printed rate of registered agent. I am formular with an expensive registered agent. I am formular with an expensive registered agent. I am formular with a printed registered agent. I am		9. Name and Addres	s of Current Hegist	ered Agent	81 Name	10. Name and Address of New	Registered Agent	
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4. Ide hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the covariation or the covariation of the covariat	355 V(APOP) 1. Pursuant to or register familiar with incompart of the property of the proper	OTAW RD KA FL 32703 To the provisions of Section ed agent, or both, in the Sith, and accept the obligation of Section of Signature, typed or printed name of OF PD GRADEN, ARTHUI 355 VOTAW ROAL APOPKA FL 3270 VSTD GRADEN, LINDA I 355 VOTAW ROAL 355 VOTAW ROAL 355 VOTAW ROAL	ons of, Section 607.0 registered agent and title if applications AND DIRECT R. P. D. 3.	DELETE DELETE DELETE DELETE	es, the above-named corpoled by the corporation's boat of the corporat	pration submits this statement for the purard of directors. I hereby accept the app	rpose of changing its pointment as registered Change Change Change Change	registered office d agent. I am ORS IN 12 Addition Addition Addition