13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-7/P

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS TOWNSON, RONNIE N

1128 SANDPIPER CT

LAKELAND FL



☐ Delete

☐ Delete

RONNIE N. TOWNSON

TOWNSON, RONNIE N.

100 COUNTRY LANE

WINTER HAVEN, FL

4/14/2000

33880

(863)687-0720

☐ Change

☐ Chance

Addition

☐ Addition