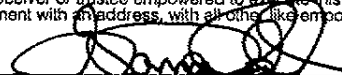


FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 465087 1. Entity Name BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A. 		Secretary of State					
Principal Place of Business 4 S.E. BROADWAY STREET OCALA, FL 34471 US Mailing Address P O BOX 1869 N/A OCALA, FL 34478 US		 01082004No Chg-PCR2E034 (10/03) <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 59-1554591</td><td style="width:20%;">Applied For ☐ Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-1554591	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
DO NOT WRITE IN THIS SPACE		DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent BLANCHARD, DOCK 4 S.E. BROADWAY STREET OCALA, FL 34471							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BLANCHARD, DOCK 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL						
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MERRIAM, LAUREN E III 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL						
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ADEL, GARRY D. 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL						
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD KIRKLAND, R COLT 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL						
TITLE NAME STREET ADDRESS CITY- ST- ZIP							
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		DO NOT WRITE IN THIS SPACE					
SIGNATURE: 		DO NOT WRITE IN THIS SPACE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-8-04 (352)732-7218					
Date		Daytime Phone #					