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117-51-21P	office or registered agy agent. I am familiar wi Signature, typed	ent, or both, in the State th, and accept the oblig or printed name of registered ag OFFICERS A ON, MIKEY TEGA FOREST DR. IVILLE FL ON, JOHN S. TEGA FOREST DR.	e of Florida jations of, 5 gent and title if a	Out change was an Section 607.0505, Florence of the section formed and the section formed	es, the above-named corputhorized by the corporational Statutes. Registered Agent signature requining 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 3.3 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	ed when reinstating)	purpose of ot the appoir	changing its ntment as rep ID DIRECTC Change Change Change Change Change Change	registered gistered RS IN 12 Addition Addition
indicated on this annual report or supplemental annual report is true and damy to the exemption stated in the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	office or registered agy agent. I am familiar wi Signature, typed I2. ITLE PD EDGERT(4038 OR JACKSON ITLE SD EDGERT(4038 OR JACKSON ITLE SD EDGERT(4038 OR JACKSON ITLE JADRESS OTY-ST-ZIP JACKSON ITLE IAME STREET ADDRESS OTY-ST-ZIP ITLE IAME STREET ADDRESS OTY-ST-ZIP ITLE IAME STREET ADDRESS OTY-ST-ZIP ITLE IAME STREET ADDRESS OTY-ST-ZIP	ent, or both, in the State th, and accept the oblig or printed name of registered ag OFFICERS A ON, MIKEY TEGA FOREST DR. IVILLE FL ON, JOHN S. TEGA FOREST DR.	e of Florida jations of, 5 gent and title if a	Out change was an Section 607.0505, Florence of the section formed and the section formed	es, the above-named corputhorized by the corporational statutes. Registered Agent signature requine 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 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	ed when reinstating)	purpose of ot the appoir	changing its ntment as rep ID DIRECTC Change Change Change Change Change Change	registered gistered RS IN 12 Addition Addition
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