	PROFIT	SOLVED, MINIMUM AMOUNT DEPARTMENT OF THE PARTMENT OF THE PARTM					
	PORATION (A)	1.71.2	B. Mortha				
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	1996	DIVISION OF	COnron	ATIONS	_		
DOCUN 1. Corporation	MENT # 49837	1 (4)					
CONNE	LL & SHULTZ, INC.				HARAIN BARA IBIRI NAMB DAN A	DDB: 1881 AIAII AAA	
Principal Place	of Business	Mailing Address		.			
3 MILES NORTH OF INVERNESS FL.U.S.41 P.O.BOX 97 INVERNESS FL 34451-0097		1781 CLATTER BRIDGE ROAD P.O.BOX 97					
MAKENMESS FI	L 34431-0097	OCALA FL 34471 US			 Date Incorporated or Qual 03/05/1976 	i	Pate of Last Report 1/13/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1 Y .	Applied For
Suite, Apt	¥, etc	Suite, Apt #, etc.			59-1680517 5. Certificate of Status Desire	d [Not Applicable \$8.75 Additional
City & State	;	City & State			6. Election Campaign Finance		Fee Required \$5.00 May Be
3	0	28	- T - Co		Trust Fund Contribution	. <u> </u>	Added to Fees
Zip 4	Country 25	Z (p 29	30	intry	This corporation has liability Florida Statutes	ty for intarigible Yes	e tax under s 199 032 No
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of No	w Registered	Agent
MCCALL,WAYNE C. 21 NORTHEAST AVE. OCALA FL 32670			B2 Street A		iress (P.O. Box Number is Not Acc	eptable)	
UC.	ALA FL 320/U			B3			
OC ,	MLA PL 32070			84 City			85 Zip Code
11. Pursuant t	o the provisions of Sections 607 05	-02 and 607 1508, Florida State	otes, the at	84 City	poration submits this statement for	FI the purpose of	changing its registered
11. Pursuant t	o the provisions of Sections 607.05 gystered agent, or both, in the Stat n familiar with, and accept the oblin	e of Florida. Such change was	authorized	84 City	poration submits this statement for ion's board of directors. Thereby a	the purpose of	changing its registered
11. Pursuant t office or re agent I ar SIGNATURE	o the provisions of Sections 607.05	e of Florida, Such change was gations of Section 607,0505, F	authorized Iorida Stat	84 City	ion's board of directors. I hereby a	the purpose of	changing its registered
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SIGNATURE:

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