2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2004 08:00 AM Secretary of State  B.J.F., INC.  Protected Race of Business U.S. Harfy 19 SOV 859 U.S. Harfy 19 SOV 859 U.S. Harfy 19 SOV 859 U.S. Harfy 19 Country City 4 State  City 5 State  City 4 State  City 4 State  City 4 State  City 4 State	ANNUAL REPUBLI (AR)				FILED	
The control of the co						
U.S. PMY 19 BOX 458 INGLIS FL 34449 U.S. 13449 Surfa, April v. etc.  Surfa, April v. etc	B.J.F., INC.				geretary or state	
U.S. PMY 19 BOX 458 INGLIS FL 34449 U.S. 13449 Surfa, April v. etc.  Surfa, April v. etc	'1			SOO WE		
BOX 858 SOURCE APER JAMES SOURCE STATE STATE STATE STATE STATE STATE STATE SOURCE STATE STAT	Principal Plac	ce of Business	Mailing Address			
INCILIS PE, 244449		9				
US  2. Principles Business  3. Mail rig Address  Suite. Apt 8, etc.  Suite. Apt 8, etc.  City & State  City & State  City & State  Country  2. P  Country  3. Certificate of Status Desired  3. Mail rig Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entry submits this statement for the purpose of changing in registered of lice or registered agent. Or both, in the State Acceptables)  8. The above named entry submits this statement for the purpose of changing in registered agent. Or both, in the State Acceptables  8. The above named entry submits this statement for the purpose of changing in registered agent. Or both, in the State Acceptables  8. The above named entry submits this statement for the purpose of changing in registered agent. Or both, in the State Acceptables  City  FILE NOW!! FELE S150.00  After Mary 1, 2004 Fee will be \$550.00  Make Check Papable to Findical appartment of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11  BIT STAND, MARY 1,  SISTEM CORRESS COURS HAVY 19  CITY 51-3P  NOLLS FL  PANNAN, MARY 1,  SISTEM CORRESS COURS HAVY 19  CITY 51-3P  NOLLS FL  PANNAN, MARY 1,  SISTEM CORRESS COURS HAVY 19  CITY 51-3P  NOLLS FL  CITY 51-3P  CITY 51-3P  CITY 51-3P  THE  NOME  SISTEM CORRESS COURS HAVE 19 In the Information supplied with this filing does not qualify to the exemption registered agent.  12. Detect Correspond to this above the supplied with this filing does not qualify to the exemption registered and section 110 07(30), Rotrots States in further cently than the information of encycle and section 110 07(30), Rotrots States in further cently than the information of encycle and section 110 07(30), Rotrots States in further cently than the information of encycle appears.  12. Londow Correct Agent States in further cently		SAAAQ				
Surie, Apt. P. citc.  Surie, Apt. P. citc.  City & State  Nisme  City & FL  Que Code  City & State  City & FL  Que Code  City & State  City & FL  Que Code  City & State  City &		34743			. Land and the lang lang lang in the line with the language of the language is the language of the language of	
City & State  Secondary  Formula of State  Formula of State  Sec	2. Principal I	Place of Business	3. Mailing Address			
SP-1680888   No. Applicable  See Required  The Above named antify 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 originations of registered agent.  SIGNATURE  SIGNATU	Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
ROBERT W. FARNAN AB US HWY 19 P.O. BOX 858 INGLIS FL 34449  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent with registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWN! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS II 11.  NAME  FARNAN, MARY J.  Detel  FILE NOWNIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS II 11.  ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 11.  NAME  FARNAN, MARY J.  Detel  FILE NOWNI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS IN 11.  NAME  FARNAN, MARY J.  Detel  FILE NOWNI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS IN 11.  NAME  FARNAN, MARY J.  Detel  FILE NOWNI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  The STD  NAME  FARNAN, MARY J.  Detel  FILE NOWNI FEE IS \$150.00  FILE NOWN	City & State		City & State		FQ.1690099	
ROBERT W. FARNAN 48 US HWY 19 P.O. BOX 858 INGLIS FL 34449  8. The above named energy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligances of Rorida. I am familiar with, and accept the obligances of Rorida. I am familiar with, and accept the obligance agent, or both, in the State of Rorida. I am familiar with, and accept the obligance agent, or both, in the State of Rorida. I am familiar with, and accept the obligance agent, or both, in the State of Rorida. I am familiar with, and accept the obligance agent, or both, in the State of Rorida. I am familiar with, and accept the obligance agent, or both, in the State of Rorida. I am familiar with, and accept the obligance agent, or both, in the State of Rorida. I am familiar with, and accept the Rorida. I am fam	Zıp	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
ROBERT W, FARNAN AS US HWY 19 P.O. BOX 858 INGLIS FL 34449  City FL Zp Code  City FL State and section of registered agent, in the State of Rorida. I am familiar with, and accept the coligations of registered agent and fall reproduces agent		6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent	
A8 US HWY 19 P.O. BOX 858 INGLIS FL 34449  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am famil						
P.O. BOX 868 INGLIS FL 34449  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the obligations of the obligations of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the ob				Street Add	dress (P.O. Box Number is Not Acceptable)	
INGLIS FL 34449  8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obtigations of registered agent.    SIGNATURE						
City FL Zrp Code  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 and dot of applicable (VOTE Registers's Agent agridure registered agent, or both, in the State of Florida. I am familiar with, and accept flower and accept the obligations of registered agent agridure agent and dot of applicable (VOTE Registers's Agent agridure registered agent, or both, in the State of Florida. I am familiar with, and accept flower agent agridure registered agent, or both, in the State of Florida. I am familiar with, and accept flower agent agridure registered agent, or both, in the State of Florida. I am familiar with, and accept flower agent agridure registered agent, or both, in the State of Florida. I am familiar with, and accept flower agent						
The collegations of registered agent.  SIGNATURE    Signava, types or present represent agent and risk il expricables   0x07E_Paguineze Agent segniture registered agent and risk il expricables   0x07E_Paguineze Agent segniture registered alero reforations)   DATE    FILE NOW!!! FEE IS \$150.00				City	FL Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  FARNAN, MARY J.  STRET ADDRESS OITY-ST-ZP INGLIS FL  OD Delele STRET ADDRESS OITY-ST-ZP INGLIS FL  OD DELELE  TITLE OD DELELE  TITLE OD DELELE  TITLE OD DELELE  TITLE OD DELELE TITLE OD						
FILE NOW!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITE  MAME FARNAN, MARY J.  STRET ADDRESS CITY-57-2P  INGLIS FL  Delete INGLI	the obligations of registered agent.					
After May 1, 2004 Fee will be \$55.0.00 May Be Make Check Payable to Florida Department of State  10.						
After May 1, 2004 Fee will be \$55.0.00 May Be Make Check Payable to Florida Department of State  10.	FILE NOWILL FEE IS \$150.00					
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INDE  VSTD   Delete   TITLE   NAME   UU00000031851  VINGLIS FL   OR'N'ST-2P	After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing\$5.00 May Be					
THE VSTD   Delete   THE   DOCUMENT   Delete   THE   DOCUMENT   DOCUMENT   DELETA   DOCUMENT   DOCUM					Trust Fund Contribution. LI Added to Fees	
NAME STREET ADDRESS CITY-ST-ZIP INGLIS FL  TITLE PD Delete TITLE NAME ADDRESS CITY-ST-ZIP INGLIS FL  TITLE PD Delete TITLE NAME FARNAN, ROBERT STREET ADDRESS CITY-ST-ZIP INGLIS FL  TITLE PD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP INGLIS FL  TITLE PD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP INGLIS FL  TITLE PD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP INGLIS FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADD	10.	OFFICERS A	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS CITY-ST-ZP INGLIS FL  TITLE STD ARMAE FARNAN, MARY J STREET ADDRESS CITY-ST-ZP INGLIS FL  TITLE PARNAN, ROBERT STREET ADDRESS CITY-ST-ZP INGLIS FL  TITLE ARMAE STREET ADDRESS CITY-ST-ZP  TITLE ARMAE STRET ADDRESS CITY-ST-ZP  TITLE ARMAE STREET ADDRESS CITY-ST-ZP  TIT	TITLE	VSTD	☐ Delete	TITLE	☐ Change ☐ Addition	
STRET ADDRESS   20 US HWY 19		1		NAME }	U0000nn31851	
TITLE PD Delete TITLE PD Delete TITLE PD Delete TITLE PARNAN, ROBERT STREET ADDRESS CITY-ST-ZIP TITLE PD Delete TITLE TAMAE STREET ADDRESS CITY-ST-ZIP TITLE				a i	02/04/04-80165-009 158.75	
NAME STREET ADDRESS CITY-ST-ZP INGLIS FL  PD Delete FARNAN, ROBERT STREET ADDRESS DITY-ST-ZP INGLIS FL  PD Delete FARNAN, ROBERT STREET ADDRESS DITY-ST-ZP INGLIS FL  Delete TITLE STREET ADDRESS DITY-ST-ZP INGLIS FL  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZP TITL	CITY-ST-ZIP	<del></del>		CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP INGLIS FL  Delete FARNAN, ROBERT FARNAN, ROBERT STREET ADDRESS CITY-ST-ZIP INGLIS FL  OTH-ST-ZIP INGLIS FL  TITLE PD OTHER FARNAN, ROBERT STREET ADDRESS CITY-ST-ZIP INGLIS FL  OTH-ST-ZIP INGLIS	1	-	☐ Delete		☐ Change ☐ Addition	
TITLE PD Delete ITTLE CHANNERS CITY-ST-ZIP INGLIS FL CHANGE Addition NAME FARNAN, ROBERT STREET ADDRESS CITY-ST-ZIP INGLIS FL CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME ADDRESS CI	ł					
TITLE NAME STREET ADDRESS CITY-ST-ZIP NINGLIS FL  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP OPEICH OF ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP OPEICH OF ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP OPEICH OF ADDRESS CITY-ST-ZIP OPEICH O	•	i .				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Belete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TO Belete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TO Belete STREET ADDRESS CITY-ST-ZIP STREET AD						
STREET ADDRESS CITY-ST-ZIP  INTLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CIT	į.	1 -	L. Delete	<b>■</b> 1	Change Addition s	
CITY-ST-ZIP   INGLIS FL   CITY-ST-ZIP    NITLE   Delete   TITLE   NAME   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   NAME   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   NAME   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Delete   TITLE   NAME   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Delete   TITLE   NAME   NAME   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE   NAME   STREET ADDRESS   ST		1		<b>4</b>		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Delete TITLE DILET DELET TITLE DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELET NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 Bload for Or Block 11 if	CITY-ST-ZIP	INGLIS FL	•	CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Delete TITLE Onange Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE Onange Onange Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE Onange Ona	TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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	NAME			NAME		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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	STREET ADDRESS			STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  12. J 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	CITY-ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    12. I hereby certify that the information supplied with this filling 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	TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    12. I hereby certify that the information supplied with this filling 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	i	ļ		1		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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						
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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				<b></b>		
STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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			☐ Delete	<b>1</b>	☐ Change ☐ Addition	
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				í		
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	l					
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.		Certify that the information supplied	with this filling does not qualify to	1	Non Section 119 07(30) Florida Statutae I further earlifushed the Information	

SIGNATURE: Man L. Harman MARY J. FARNAN 352-447-2078
SIGNATURE AND VARY ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR