City & State City & State 23 City & State 23 City & State 24 City & State 25 Country 26 Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 26 Country Zip Country 8. This corporation has liability for intangible tax under s 199.032,	COR	PROFIT PORATION JAL REPOR 1996		- · · · ·	a B. Morthar tary of State	n	-			
ALL-AMERICAN 4 WHEEL DRIVE, INC. Minicipal Phase of Evanesis Marking Addams So Y, MELORAN E, NDD LAKELAND FL 3301 Marking Addams So Y, MELORAN E, NDD LAKELAND FL 3301 So Y, MELORAN E, NDD LAKELAND FL 3301 So Y, MELORAN E, NDD LAKELAND FL 3301 2, Marking Addams So Y, MELORAN E, So Y So Y, MELORAN E, NDD LAKELAND FL 3301 So X, MELORAN E, NDD LAKELAND FL 3301 2, Marking Addams So X, MELORAN E, So Y So X, MELORAN E, So Y New Addams 3, Dark Add. R. et al. So X, Add. R. et al. So X, Add. R. et al. So X, Add. R. et al. 2, Marking Add. Rev of Baselines So X, Add. Rev of Control Park E, So X, Add. Rev of X, Add. Rev of Control Park E, So X, Add. Rev of X, A			527125	(9)						
Phropan Pharoger Banness Watery Address BV N. BLEGRAD BLYO LAKEAND FL SSOT BV N. BLEGRAD BLYO LAKEAND FL SSOT Sot Area Anti- anti- - - - - - - - 			/Heel Drive., II	NC.						
LAKELAND FL 3301 LAKELAND FL 3301 Charle And FL 3301 Date Investment of CostNets Set Making Address Set Making Address	Principal Place	of Business		Mailing Address				LI ULA UTBIL UTUIL	I I I I I I I I I I I I I I I I I I I	IUII UIUII IUUI
CM3/CM/1977 CM2/S/1985 2* Improved Rever of Denneses 2a Maining Actions 4. FEI Number Number of Denneses 1. Mining Actions 1. FEI Number Number of Denneses 1. Number of Dennes 1.					VD					
2 Noting Address 4 FEI Number Applied For Sold, April, F. etc. Sold, April, F.										
Suite, Apt. #. etc.	·	ace of Business					4. FEI Number		A	pplied For
121 City & State City & S		#, etc.	· · · · · · · · · · · · · · · · · · ·							
Participan Parit Participan Participan	22 City & State	<u> </u>						ل یا 		
Add Bg Pail Pail Pail Fordial Statutors In the galaxies of New Registered Agent BENNETT, BARRY 60 2ND STREET, SE. WINTER HAVEN FL 33882 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent BENNETT, BARRY 60 2ND STREET, SE. WINTER HAVEN FL 33882 11. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent BENNETT, BARRY 60 2ND STREET, SE. WINTER HAVEN FL 33882 11. Name and Address of New Registered of Code remain With and accept the obligations of Section 607 1500; Florida Statutes, the account on the functional temporate of the appointer of Section 607 0000; Florida Statutes, the account on the functional temporate of the appointer of Section 607 0000; Florida Statutes 10. Name and Address of New Registered of Code remain With and accept the obligations of Section 607 0000; Florida Statutes SIGNATURE Determine motion florid registered and florid temporate and the florid registered and florid temporate and temporate agent	23			28			Trust Fund Contribution		Added	to Fees
So Name and Address of Current Registered Agent So Name and Address of New Registered Agent So Name and Address of New Registered Agent So No STREET, S.E. So No S	Zip 24		Country			htry			under s	199.032,
BENNETT, BARRY (or 2ND STREET, S.E. WINTER HAVEN FL 33882 B2 Street Address (P.D. Box Number is Not Acceptable) 44 CAy FL B3 44 CAy FL B3 Control of Address (P.D. Box Number is Not Acceptable) 560ATURE Sprate table on the control of Statules, the above number of address is address (P.D. Box Number is Not Acceptable) Control of Address (P.D. Box Number is Not Acceptable) 12 OFFICERS AND DIPECTORS Tan PD11 Particle Address (P.D. Box Number is Not Acceptable) DM11 12 OFFICERS AND DIPECTORS Tan PD11 Particle Address (P.D. Box Number is Not Acceptable) DM11 14 PSV DELFIE Tan IIII PD11 PD11 PD11 PD11 17 P		9. Name and	Address of Current	Registered Agent		81 Name	10. Name and Address of New	Registered A	gent	
60 2ND STREET, S.E. WINTER HAVEN FL 33882 Bit International Stream S	BENNET	T. BARRY					P.O. Boy Number is Not Accept			
	60 2ND \$	STREET, S.E.				1				
FL FL <th< td=""><td>WINTER</td><td>HAVEN FL 338</td><td>82</td><td></td><td></td><td>83</td><td></td><td></td><td></td><td></td></th<>	WINTER	HAVEN FL 338	82			83				
or registered agent, or both, in the State of Florida. Such change was subtrized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Remain with and accept the obligations of science 2010 Standa Statutus.										
PSV DELETE 1 TITLE Change Addition NAME SPREER, DAVID R. 13 SIRET ADDRESS 13 SIRET ADDRESS 13 SIRET ADDRESS SIRET ADDRESS LAKELAND FL 13 SIRET ADDRESS 13 SIRET ADDRESS 13 SIRET ADDRESS TITLE TITLE DELETE 2 TITLE 1 TITLE Change Addition SIRET ADDRESS SO4 BROKWOOD DR. 23 SIRET ADDRESS 23 SIRET ADDRESS Addition SIRET ADDRESS SO4 BROKWOOD DR. 23 SIRET ADDRESS Addition NAME SPIELETE 3 TITLE 23 SIRET ADDRESS Addition NAME SPIELETE 3 TITLE 23 SIRET ADDRESS Addition NAME SPIELETE 3 TITLE 23 CIA+ SI-2P Addition NAME SPIELADDRESS 33 SIRET ADDRESS Addition SIRET ADDRESS CIA+ SI-2P Addition Addition NAME DELETE 3 TITLE Change Addition NAME DELETE 4 CIA+ SI-2P Change Addition NAME DELETE 5 TITLE Change Addition SIRET	11. Pursuant t	o the provisions of ed agent, or both	of Sections 607.0502 a , in the State of Florida	nd 607.1508, Florida Statu , Such change was authori	tes, the abov	/e-named corpo	ration submits this statement for the p	urpose of char	ging its re	gistered office
SIRE1 ADDRSS 804 BROOKWOOD DR. 13 SIRE1 ADDRSS CITY-ST-2P LAKELAND FL 14 CITY-ST-2P TITLE T DELETE 21 TITLE SPKER, DAVID, R SPKER, DAVID, R Change Addition SIRE1 ADDRSS SPKER, DAVID, R Change Addition SIRE1 ADDRSS S04 BROOKWOOD DR. 23 SIRE1 ADDRSS Consigned Addition SIRE1 ADDRSS B04 BROOKWOOD DR. 23 SIRE1 ADDRSS Consigned Addition SIRE1 ADDRSS DELETE 31 Title Change Addition SIRE1 ADDRSS SIRE1 ADDRSS Consigned Addition SIRE1 ADDRSS SIRE1 ADDRSS Consigned Addition SIRE1 ADDRSS Consigned Addition Change Addition SIRE1 ADDRSS Consigned Consigned Addition Change Addition SIRE1 ADDRSS Consigned Consigned Addition Consigned Addition SIRE1 ADDRSS Consigned Consigned Consigned Consigned Addition SIRE1 ADDRSS Consigned Sire1 ADDRSS Consigned </td <td>or registen familiar wit SIGNATURE</td> <td>ed agent, or both th, and accept the</td> <td>, in the State of Florida o obligations of, Section ed name of registered agent an</td> <td>i. Such change was authori. n 607.0505, Florida Statute d litle it applicable (N</td> <td>tes, the abov zed by the c s.</td> <td>/e-named corpo orporation's boa</td> <td>rd of directors. I hereby accept the ap</td> <td>urpose of char pointment as r DATE</td> <td>nging its re egistered</td> <td>egistered office agent. I am</td>	or registen familiar wit SIGNATURE	ed agent, or both th, and accept the	, in the State of Florida o obligations of, Section ed name of registered agent an	i. Such change was authori. n 607.0505, Florida Statute d litle it applicable (N	tes, the abov zed by the c s.	/e-named corpo orporation's boa	rd of directors. I hereby accept the ap	urpose of char pointment as r DATE	nging its re egistered	egistered office agent. I am
LIXELAND FL 14 CITV-SI-2/P TITLE T Change Addition NAME SPIKER, DAVID, R 23 SIRET ADMES 23 SIRET ADMES SUBSER, DAVID, R 23 SIRET ADMES 23 SIRET ADMES 24 CITV-SI-2/P LIXELAND FL 24 CITV-SI-2/P 24 CITV-SI-2/P 24 CITV-SI-2/P TITLE DELETE 31 TITLE Change Addition SIRET ADMESS 33 TITLE Change Addition SIRET ADMESS 33 TITLE Change Addition SIRET ADMESS 33 TITLE Change Addition SIRET ADMESS 34 CITV-SI-2/P Change Addition TITLE DELETE 41 TITLE Change Addition NAME DELETE 41 TITLE Change Addition NAME DELETE 51 TITLE Change Addition NAME DELETE 51 TITLE Change Addition NAME DELETE 51 TITLE Change Addition NAME Change	or register familiar wit SIGNATURE 112. 111LE	ed agent, or both th, and accept the Signature, typed or print PSV	, in the State of Florida obligations of, Section edinanie of registered agent an OFFICERS AND	L Such change was authori. n 607.0505, Florida Statute d life if applicable [N] DIRECTORS	les, the above zed by the c s. OTE: Registered 13. 1.1 Till	Agent Signature nuture	rd of directors. I hereby accept the ap	urpose of char pointment as r DATE FICERS AND	Ding its re egistered	egistered office agent. I am
NAME SPIKER, DAVID, R sold BROOKWOOD DR. 22 NAME STREET ADDRESS 804 BROOKWOOD DR. 23 SIREET ADDRESS CITY-ST-ZIP LAKELAND FL 24 CITY-ST-ZIP TITLE DELETE 3 TITLE NAME 32 SIREET ADDRESS Compe CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 3 SIREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 SIREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 SIREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 SIREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 TITLE NAME 35 SIREET ADDRESS Compe CITY-ST-ZIP 44 CITY-ST-ZIP Comange TITLE DELETE 5 TITLE Change SIREET ADDRESS 53 SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 54 CITY-ST-ZIP Change Addrion NAME 52 NAME 53 SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <td>or register familiar wit SIGNATURE _ 12. TITLE NAME</td> <td>ed agent, or both th, and accept the Signature, typed or print PSV SPIKER, DA</td> <td>, in the State of Florida obligations of, Section ed name of registered agent an OFFICERS AND MD R.</td> <td>L Such change was authori. n 607.0505, Florida Statute d life if applicable [N] DIRECTORS</td> <td>les, the above the class of the</td> <td>Agent Signature resource</td> <td>rd of directors. I hereby accept the ap</td> <td>URDOSE OF CHAR pointment as r DATE FICERS AND</td> <td>Ding its re egistered</td> <td>egistered office agent. I am</td>	or register familiar wit SIGNATURE _ 12. TITLE NAME	ed agent, or both th, and accept the Signature, typed or print PSV SPIKER, DA	, in the State of Florida obligations of, Section ed name of registered agent an OFFICERS AND MD R.	L Such change was authori. n 607.0505, Florida Statute d life if applicable [N] DIRECTORS	les, the above the class of the	Agent Signature resource	rd of directors. I hereby accept the ap	URDOSE OF CHAR pointment as r DATE FICERS AND	Ding its re egistered	egistered office agent. I am
STREET ADDRESS 804 BROOKWOOD DR. 23 STREET ADDRESS CITY-SI-ZP LAKELAND FL 24 CitY-SI-ZP TITLE DELETE 3 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-SI-ZP 34 CitY-SI-ZP TITLE DELETE Addition 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-SI-ZP 44 CitY-SI-ZP TITLE DELETE NAME 42 NAME STREET ADDRESS CitY-SI-ZP CITY-SI-ZP 44 CitY-SI-ZP TITLE DELETE NAME STREET ADDRESS CITY-SI-ZP 44 CitY-SI-ZP TITLE DELETE NAME STREET ADDRESS CITY-SI-ZP 44 CitY-SI-ZP TITLE DELETE STREET ADDRESS S3 STREET ADDRESS CITY-SI-ZP 52 NAME STREET ADDRESS S3 STREET ADDRESS CITY-SI-ZP 54 CitY-SI-ZP TITLE DELETE 6 TITLE STREET ADDRESS S3 STREET ADDRESS	or register familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS	ed agent, or both th, and accept the Stanature typed or prin PSV SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section edinanie of registered agent an OFFICERS AND MD R. WOOD DR.	I. Such change was authori n 607.0505, Florida Statute d litle if applicable (N DIRECTORS	tes, the above zed by the c s. 01E Registered 1.1 Til 1.2 NA 1.3 STI	Agent signature resource FLE ME REFT ADDRESS	rd of directors. I hereby accept the ap	DATE FICERS AND	nging its re egistered DIRECTOF Change	agistered office agent. I am RS IN 12 Addition
ITILE DELETE 3 1 TITLE Change Addition NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS CITV-S1-2IP 34 CITV-S1-7IP Image Addition TITLE DELETE 4 1 TITLE Change Addition NAME DELETE 4 1 TITLE Change Addition NAME 42 NAME 43 STREET ADDRESS CITV-S1-2IP Addition TITLE DELETE 4 STREET ADDRESS CITV-S1-2IP Addition TITLE DELETE 5 1 TITLE Change Addition NAME STREET ADDRESS CITV-S1-2IP Change Addition TITLE DELETE 5 1 TITLE Change Addition NAME STREET ADDRESS S3 STREET ADDRESS CITV-S1-2IP Change Addition NAME S1 STREET ADDRESS S3 STREET ADDRESS CITV-S1-2IP Change Addition NAME S1 STREET ADDRESS S3 STREET ADDRESS CITV-S1-2IP Change Addition NAME S1 STREET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS CITV-S1-2IP	or register familiar wit SIGNATURE 12. 11LE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	ed agent, or both th, and accept the Signature typed or prin PSV SPIKER, DA' 804 BROOK LAKELAND I T	, in the State of Florida obligations of, Section edinanie of registered agent an OFFICERS AND MD R. WOOD DR. FL	I. Such change was authori n 607.0505, Florida Statute d litle if applicable (N DIRECTORS	Les, the above zed by the c s. OTE: Registered 13. 1.1111 12 NA 1.3 STI 1.4 CIT 2.1111 2.1111	Agont signature nuture Rect ADDRESS Y- ST-ZIP ILE	rd of directors. I hereby accept the ap	DATE FICERS AND	nging its re egistered DIRECTOF Change	agistered office agent. I am RS IN 12 Addition
NAME 32 NMAL STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE BELETE STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE BELETE STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE <td< td=""><td>or register familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME</td><td>ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK LAKELAND I T SPIKER, DA'</td><td>, in the State of Florida obligations of, Section edinanie of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R</td><td>I. Such change was authori n 607.0505, Florida Statute d litle if applicable (N DIRECTORS</td><td>tes, the above zed by the c s. 01E Registered 13. 1.1111 1.2 NA 1.3 STI 1.4 CIT 2.1 TI 2.2 NA</td><td>Agent senatore records</td><td>rd of directors. I hereby accept the ap</td><td>DATE FICERS AND</td><td>nging its re egistered DIRECTOF Change</td><td>agistered office agent. I am RS IN 12 Addition</td></td<>	or register familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK LAKELAND I T SPIKER, DA'	, in the State of Florida obligations of, Section edinanie of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R	I. Such change was authori n 607.0505, Florida Statute d litle if applicable (N DIRECTORS	tes, the above zed by the c s. 01E Registered 13. 1.1111 1.2 NA 1.3 STI 1.4 CIT 2.1 TI 2.2 NA	Agent senatore records	rd of directors. I hereby accept the ap	DATE FICERS AND	nging its re egistered DIRECTOF Change	agistered office agent. I am RS IN 12 Addition
CITY-ST-ZIP 34 CITY-ST-ZIP TitLE DELETE 4.1 TitLe NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TitLE DELETE STREET ADDRESS 51 TitLE STREET ADDRESS 62 NAME STREET ADDRESS 51 TitLE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 61 TITLE STREET ADDRESS 62 NAME STREET ADDRESS 62 NAME STREET ADDRESS 61 STITLE STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qual fy for the exemption stated in Section 119 O7(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or supplementa annual report or supplementa annual report	or register familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	L Such change was authori n 607.0505, Florida Statute d life if application (N DIRECTORS DELETE	Les, the above zed by the c s. DTE Registered 13. 1.1111 1.2 NA 1.3 STR 1.4 CTT 2.1111 2.2 NA 2.3 STR 2.4 CTT	Agent senared corpor orporation's boar Agent senarine neutre REE ME REET ADDRESS Y-ST-ZIP REE REET ADDRESS Y-ST-ZIP Y-ST-ZIP	rd of directors. I hereby accept the ap	UTPOSE Of Char pointment as r DATE FICERS AND	iging its re egistered DIRECTOF Change	egistered office agent. I am
Title DELETE 4.1 Title Change Addition NAME 42 NAME 43 STREET ADDRESS 43 STREET ADDRESS CITY-S1-ZIP 44 CITY-S1-ZIP Change Addition Title DELETE 5 1 Title Change Addition NAME DELETE 5 1 Title Change Addition NAME STREET ADDRESS 53 STREET ADDRESS Change Addition STREET ADDRESS 53 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP Change Addition TITLE DELETE 6 1 TITLE 6 1 TITLE Change Addition NAME STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP Change Addition NAME DELETE 6 1 TITLE 51 STREET ADDRESS CITY-S1-ZIP Change Addition NAME 62 NAME 53 STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP Change Addition 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate a	or register familiar wit SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	L Such change was authori n 607.0505, Florida Statute d life if application (N DIRECTORS DELETE	les, the above zed by the c s OTE Registered 13. 1.1111 12 NA 1.3 STI 1.4 CT 2 1 TTT 2 2 NA 2 3 STI 2 4 CTT 3 1 TTT 3 1 TTT	Agent signature records Agent signature records REE1 ADDRESS Y- ST- ZIP ILE ME REE1 ADDRESS Y- ST- ZIP ILE XEE1 ADDRESS Y- ST- ZIP ILE	rd of directors. I hereby accept the ap	UTPOSE Of Char pointment as r DATE FICERS AND	iging its re egistered DIRECTOF Change	egistered office agent. I am
NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-S1-ZIP 44 CITY-S1-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP 54 CITY-S1-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP 54 CITY-S1-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP 54 CITY-S1-ZIP TITLE DELETE STREET ADDRESS Change Addition NAME 52 NAME STREET ADDRESS Change CITY-S1-ZIP 54 CITY-S1-ZIP TITLE DELETE STREET ADDRESS S3 STREET ADDRESS CITY-S1-ZIP 54 CITY-S1-ZIP TA Ho hereby certify that the information supplied with this filing is voluntarily formshed and does not qual fy for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under catify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Flori	or register familiar wit SIGNATURE 12. THLE NAME SIREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	L Such change was authori n 607.0505, Florida Statute d life if application (N DIRECTORS DELETE	tes, the above zed by the c s. OTE Registered 13. 1.1 Till 1.2 NAI 1.3 STI 2.4 CIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TIL 3.2 NAI	Agent senator nutre Agent senator nutre ILE ME REF1 ADDRESS Y- ST- ZIP ILE ME REF1 ADDRESS Y- S1- ZIP ILE ME	rd of directors. I hereby accept the ap	UTPOSE Of Char pointment as r DATE FICERS AND	iging its re egistered DIRECTOF Change	egistered office agent. I am
CITY-S1-ZIP 44 CITY-S1-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP 54 CITY-S1-ZIP TITLE DELETE STREET ADDRESS 54 CITY-S1-ZIP TITLE DELETE STREET ADDRESS 54 CITY-S1-ZIP TITLE DELETE STREET ADDRESS 61 TITLE STREET ADDRESS Change CITY-S1-ZIP Addition NAME 53 STREET ADDRESS CITY-S1-ZIP 6 1 TITLE STREET ADDRESS 63 STREET ADDRESS CITY-S1-ZIP 64 CITY-S1-ZIP 14. J do hereby certify that the information supplied with this filing is voluntarily fursished and does not qual fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and docurate and that my signature shall have the same legal effect as if made under cartify that 1 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	or register familiar wit SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	L Such change was authori 1607.0505, Florida Statute d ING (Fapilicatile N DIRECTORS DELETE DELETE DELETE	tes, the above red by the c s. OTE Registered 13. 1.1 Till 1.2 NAI 1.3 STI 1.4 CIT 2 1 Till 2 2 NAI 2 3 STI 2 4 CIT 3 1 Till 3 2 NAI 3 3 ST 3 4 CIT	Agent senator nutre Agent senator nutre ILE ME REF1 ADDRESS Y-ST-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP	rd of directors. I hereby accept the ap	UTPOSE OF CHAR pointment as r FICERS AND	ging its re egistered DIRECTOF Change	egistered office agent. I am
TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS CITY-SI-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME DELETE 6 1 TITLE Change Addition STREET ADDRESS DELETE 6 1 TITLE Change Addition STREET ADDRESS 62 NAME 63 STREET ADDRESS Addition STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP Addition 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qual fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cash; 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	or register familiar wit SIGNATURE 12. THLE NAME SIREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	L Such change was authori 1607.0505, Florida Statute d ING (Fapilicatile N DIRECTORS DELETE DELETE DELETE	tes, the above red by the c s. OTE Registered 13. 1.1 TII 1.2 NAI 1.3 STI 2.4 CIT 2.2 NAI 2.4 CIT 3.1 TII 3.2 NAI 3.3 STI 3.4 CIT 4.1 TII	Agent senator rouse Agent senator rouse Agent senator rouse ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE	rd of directors. I hereby accept the ap	UTPOSE OF CHAR pointment as r FICERS AND	ging its re egistered DIRECTOF Change	egistered office agent. I am
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE NAME 62 NAME STREET ADDRESS CITY-ST-ZIP VAME 63 STREET ADDRESS CITY-ST-ZIP 6 3 STREET ADDRESS CITY-ST-ZIP 6 3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY-ST-ZIP 14. J do hereby certify that the information supplied with this filing is voluntarily furnished and does not qual fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information nupplied with this filing is voluntarily fursished and does not qual fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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	or register familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	L Such change was authori 1607.0505, Florida Statute d ING (Fapilicatile N DIRECTORS DELETE DELETE DELETE	tes, the above red by the c s. OTE Registered 13. 1.1 TH 1.2 NA 1.3 STI 1.4 CH 2.1 TH 2.2 NA 2.4 CH 3.1 TH 3.2 NA 3.3 STI 3.4 CH 4.1 TH 4.2 NA 4.3 STI	Agent signature routine Agent signature routine Agent signature routine ME REET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS Y-ST-ZIP	rd of directors. I hereby accept the ap	UTPOSE OF CHAR pointment as r FICERS AND	ging its re egistered DIRECTOF Change	egistered office agent. I am
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE AMM: 61 TITLE STREET ADDRESS Change CITY-ST-ZIP 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qual fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that 1 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	or register familiar wit SIGNATURE _ 12. 11LE NAME SIREELADDRESS CITY-ST-ZIP 11ILE NAME STREELADDRESS CITY-ST-ZIP 11LE NAME STREELADDRESS CITY-ST-ZIP 11LE NAME STREELADDRESS CITY-ST-ZIP	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	Such change was authori 607.0505, Florida Statute IN DIRECTORS DELETE DELETE DELETE DELETE DELETE	tes, the above red by the c s. OTE Registered 13, 1, 1 TII 1, 2 NAI 1, 3 STI 2, 2 NAI 2, 2 STI 2, 2 CAI 3, 1 TII 3, 2 NAI 3, 3 STI 3, 4 CII 4, 1 TII 4, 2 NAI 4, 3 STI 4, 4 CII	Agent signature routine Agent signature routine FLE ME REF1 ADDRESS Y-S1-ZIP FLE ME REF1 ADDRESS Y-S1-ZIP FLE ME REF1 ADDRESS Y-S1-ZIP FLE ME REF1 ADDRESS Y-S1-ZIP	rd of directors. I hereby accept the ap	UTPOSE Of Char pointment as r FICERS AND C	ging its re egistered DIRECTOF Change Change	egistered office agent. I am
TITLE DELETE 6 1 TITLE 6 Change Addition NAME STREET ADDRESS 6 2 NAME 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP 6 4 CITY-ST-	or register familiar wit SIGNATURE 12. TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	Such change was authori 607.0505, Florida Statute IN DIRECTORS DELETE DELETE DELETE DELETE DELETE	tes, the above red by the c s. OTE Registered 13. 1.1111 12 NA 1.3511 2 A CIT 2 A CIT 3 1111 32 NA 3.3 STI 3.4 CIT 4.1111 4.2 NA 4.3 STI 4.4 CIT 5 1 111	Agent signature routine Agent signature routine ILE ME AGET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS Y-ST-ZIP	rd of directors. I hereby accept the ap	UTPOSE Of Char pointment as r FICERS AND C	ging its re egistered DIRECTOF Change Change	egistered office agent. I am
NAME 6 2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qual fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and does not qual fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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	or register familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	Such change was authori 607.0505, Florida Statute IN DIRECTORS DELETE DELETE DELETE DELETE DELETE	les, the above red by the c s. OTE Registered 13. 1.1 TU 12 NA 1.3 STI 22 NA 23 STI 24 CTT 31 TU 32 NA 33 STI 4.1 TU 4.2 NA 4.3 STI 4.4 CTT 5.1 TU 5.2 NA 5.3 STI	Agent signature readers Agent signature readers Agent signature readers ME AGET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS Y-ST-ZIP ILE ME REET ADDRESS	rd of directors. I hereby accept the ap	UTPOSE Of Char pointment as r FICERS AND C	ging its re egistered DIRECTOF Change Change	egistered office agent. I am
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qual fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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	or register familiar wit SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	Such change was authori 607.0505, Florida Statute Information IDRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	tes, the above red by the c s. OTE Registered 13. 1.110 12 NAI 1.301 2 A CIT 2 A CIT 3 110 3 2 NAI 3 3 STI 4.110 4.2 NAI 4.301 4.301 5.110 5.2 NAI 5.3 STI 5.4 CIT	Agent signature routered Agent signature routered Agent signature routered Agent signature routered Agent signature routered Agent ADDRESS Y - ST - ZIP ILE ME REET ADDRESS Y - ST - ZIP	rd of directors. I hereby accept the ap	UTPOSE Of Char pointment as r FICERS AND	ging its re egistered DIRECTOF Change Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qual fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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	or register familiar wit SIGNATURE 12. 11/LE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	Such change was authori 607.0505, Florida Statute Information IDRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	tes, the above red by the cl s. OTE Registered 13. 1.1 TU 12 NAL 1.3 STU 22 NAL 23 STU 24 CTT 3 1 TU 32 NAL 33 STU 4.1 TU 4.2 NAL 4.3 STU 4.4 CTT 5.1 TU 5.2 NAL 5.3 STU 5.4 CTT 5.4 CTT 5.1 TU 5.1 TU	Agent signature noune Agent signature noune Agent signature noune Agent signature noune ME REE1 ADDRESS Y - S1 - ZIP ILE ME REE1 ADDRESS Y - S1 - ZIP ILE ME	rd of directors. I hereby accept the ap	UTPOSE Of Char pointment as r FICERS AND	ging its re egistered DIRECTOF Change Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
certify that the information indicated on this annual report or supplemental annual 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	or register familiar wit SIGNATURE 12. 11/LE NAME SIREET ADDRESS CITY-ST-ZIP 11/LE NAME STREET ADDRESS CITY-ST-ZIP 11/LE NAME STREET ADDRESS CITY-ST-ZIP 11/LE NAME STREET ADDRESS CITY-ST-ZIP 11/LE NAME STREET ADDRESS CITY-ST-ZIP 11/LE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both th, and accept the Signature typed or print PSV SPIKER, DA' 804 BROOK SPIKER, DA' 804 BROOK	, in the State of Florida obligations of, Section of name of registered agent an OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR.	Such change was authori 607.0505, Florida Statute Information IDRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	les, the above zed by the c s OTE Registered 13. 1.1111 12 NA 1.3 STU 2 1111 2 2 NA 2 3 STU 2 4 CTT 3 1111 3 2 NA 3 3 ST 3 4 CTT 4 1 TTT 4 2 NA 3 3 ST 3 4 CTT 5 1 TTT 5 2 NA 3 3 ST 3 4 CTT 5 1 TTT 5 2 NA 4 3 STU 5 3 STU	Agent signature notice Agent signature notice REE ADDRESS Y-ST-ZIP REE ADDRESS Y-ST-ZIP REE ADDRESS Y-ST-ZIP REE ADDRESS Y-ST-ZIP REE ADDRESS Y-ST-ZIP REE ADDRESS Y-ST-ZIP REE ADDRESS Y-ST-ZIP REE ADDRESS Y-ST-ZIP	rd of directors. I hereby accept the ap	UTPOSE Of Char pointment as r FICERS AND	ging its re egistered DIRECTOF Change Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
	or register familiar wit SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ed agent, or both th, and accept the Stonature typed or print PSV SPIKER, DA' 804 BROOK LAKELAND I T SPIKER, DA' 804 BROOK LAKELAND I	, in the State of Florida obligations of, Section OFFICERS AND MD R. WOOD DR. FL MD, R WOOD DR. FL	I. Such change was authori 1607.0505, Florida Statute a title if applicative IDIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE TDELETE	tes, the above red by the c s. OTE Registered 13, 1, 1 TII 1, 2 NAI 1, 3 STI 2, 2 NAI 2, 2 NAI 2, 2 NAI 2, 2 NAI 3, 3 STI 3, 4 CIT 4, 1 TII 4, 2 NAI 3, 3 STI 3, 4 CIT 4, 1 TII 4, 2 NAI 4, 3 STI 4, 4 CIT 5, 1 TII 5, 2 NAI 5, 3 STI 5, 4 CIT 6, 1 TII 6, 2 NAI 5, 3 STI 5, 4 CIT 6, 4 CI	Agent signature routine Agent signature routine Agent signature routine Agent signature routine ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP ILE ME REF1 ADDRESS Y-S1-ZIP	rd of directors. I hereby accept the ap diviencessang. ADDITIONS/CHANGES TO OF	UTPOSE Of Char pointment as r FICERS AND FICERS AND C	ging its re egistered DIRECTOF Change Change Change Change Change	egistered office agent. I am S IN 12 Addition Addition Addition Addition Addition Addition Addition Addition