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14. I do 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 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 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 12 or Block 13 if changed, of on an attachmpt with an address.	IGNATURE IGNATURE ILE IREET ADDRESS IY-ST-ZIP ILE IREET ADDRESS IY-ST-ZIP ILE IREET ADDRESS IY-ST-ZIP ILE IREET ADDRESS IY-ST-ZIP ILE IREET ADDRESS IY-ST-ZIP ILE IREET ADDRESS IY-ST-ZIP ILE IREET ADDRESS IY-ST-ZIP	Signature, typed or punted name of registered a OFFICERS A PD CRAWFORD, ROBERT W. 7005 PALMETTO LANE TAMPA FL D CRAWFORD, BARBARA L. 7005 PALMETTO LANE TAMPA FL	agent and tick if applicable IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Itatules, the above-named was authorized by the corr 5, Florida Statutes. (NOTE: Bugistered Agent signature 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 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	Corporation submits this statement for the purpose of ct poration's board of directors. I hereby accept the appoint applied when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND D	hanging its registered itment as registered DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition