DOCUMENT # 544879 (0) Consider Manual Constant Manual Additions Manual Packet of Bourness Manual Additions Market Name Strandon R 1 2004 Strandon R 1 2004 Strandon R 1 2004 Process Market Name Strandon R 1 2004 Strandon R 1 2004 Strandon R 1 2004 Process Market Name Strandon R 1 2004 Strandon R 1 2004 Strandon R 1 2004 Process Market Name Strandon R 1 2004 Strandon R 1 2004 Strandon R 1 2004 <	CO	PROFIT RPORATION UAL REPORT 1998	FLORIDA DEP. Sandra Secre	AHIMENI OF STATE B. Mortham lary of State ⁻ CORPORATIONS	Apr 13 1998 Secretary	
Mailing Address Mailing Address Strip ALTA VISTA AKE ST AUGUSTIKE R. 3384 477 ALTA VISTA AKE ST AUGUSTIKE R. 3384 DO NOT WRITE IN THIS SPACE B. Data Information Comparing Inf	. Corporatio	on Name	9 (0)			
A Date Proproved or Qualified Applied For Applied For Applied For Applied For Applied For Sole, Apt #, etc. Sole, Apt #,	4973 ALTA V	/ISTA AVE	4973 ALTA VISTA AVE	184		
Principal Prace of Housenes Principal					3. Date Incorporated or Qualified	
John April Spin Spin April Control of Status Desired Spin Spin April Spin Appil Spin Appil Spin Appil Spin Appil Spin Appil Appil Country Prin Spin Appil Appil Country Prin Spin Appil Appil Appil Country Prin Spin Appil Ap	Principal I	Place of Business	2a. Mailing Address			Applied For
27 5. Certification Status Desired Free Required City & State Con K & State 6. Exection Cemparing Financing & State & Added to Fees Zip Country Zip Country Zip Country 8. Exection Cemparing Financing & Added to Fees Zip Zip Country Zip Country 8. This corporation overs or has paid the current year financial & Added to Fees Annee and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent HUFFMAN, ROBERT D. 61 Name 62 Street Address (P.O. Box Mumber is Not Acceptable) 83 64 City FL 85 Zip Code 83 10. Name and Address of New Registered agent 10. Name agent]		26		59-1766318	Not Applicable
City & Slate City & Slate City & Slate 6. Election Compaging Financing SS. 00 May Be Zip Zip Zip Zip Country 8. Trist ordportation Added to Fields Zip Zip Zip Zip Country 8. Trist ordportation Added to Fields MultiPhone Addetes of Current Registered Agent 10. Name and Address of Current Registered Agent 91 Name HUFFMAN, ROBERT D. Git City S and Country 8. Trist ordportation owes or has paid the current registered Agent 91 Name HUFFMAN, ROBERT D. Git City S and Country 8. Trist ordportation owes or has paid the current registered Agent 91 Name HUFFMAN, ROBERT D. Git City S and Country 82 Street Address (P.O. Box Number is Not Acceptable) 82 Git City S and Country 62 Street Address (P.O. Box Number is Not Acceptable) 83 Git City S and Country 63 Country 64 City Country Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code 1. Furstantion the provisions of Section is 607 0002 and 607. Mid6 Street Agent advectation is board of directors. Interest Street Agent advectation of the current heat advectation as registered agent advectation of the current heat advectation advectation of the current heat advectation of the current heat advectadvectation of the current heat advectation of the current h	Suite, Apt.	#, ei c.			5. Certificate of Status Desired	
25 26 30 Presend Property Tax due June 30 Yess AN B. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent HUFFMAN, ROBERT D. 4973 ALTA VISTA AVE ST AUGUSTINE FL 32084 91 Name 10. Name and Address of New Registered Agent 4973 ALTA VISTA AVE ST AUGUSTINE FL 32084 91 Name 10. Name and Address of New Registered Agent 497 AUTA VISTA AVE ST AUGUSTINE FL 32084 91 Name 10. Name and Address of New Registered Agent 64 City FL 65 20 Code 1. Pursuent to the provisions of Sectories 607 6007 mid 607 1506. Ended Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent item on birth in the State of I sector to Cides Ender Other State of I sector to Cides Ender Other State of I sector is bard of directors. I hences sector the applicative agent item on providence of upper on the other is the state of the directors. I hences sector to Cides Ender Other State of I sector is bard of directors. I hences sector is bard of directors I hences sector is bard of directors. I hences sector is bard	City & Stat		Cily & State 28		Trust Fund Contribution	\$5.00 May Be Added to Fees
HUFFMAN, ROBERT D. 4973 ALTA VISTA AVE ST AUGUSTINE FL 32084 1 Name 1 Pursuant to the provisions of Sectors 607 (6002 and 607 1506). Lioida Statutes, the above named corporation submits this statement for the purpose of changing its registered diffee or registered agent, or toth, and accept the objection difference or registered agent, or toth, and accept the objection difference or registered agent, or toth, and accept the objection difference or registered agent, or toth, and accept the objection difference or registered agent, or toth, and accept the objection difference or registered agent, or toth, and accept the objection difference or registered agent, or toth and to the objection of Section 007 (600.5). Lioida Statutes, the appointment as registered agent. Lam lamilier with and accept the objection of Section 007 (600.5). Lioida Statutes, the appointment as registered agent. Lam lamilier with and accept the objection of Section 007 (600.5). Lioida Statutes, the appointment as registered agent. Lam lamilier with and accept the objection of Section 007 (600.5). Lioida Statutes, the appointment as registered agent. Lam lamilier with and accept the objection of Section 007 (600.5). Lioida Statutes, the appointment as registered agent. Lam lamilier with and accept the objection of Section 007 (600.5). Lioida Statutes, the appointment as registered agent. Lam lamilier with and accept the objection of Section 007 (600.5). Lioida Statutes, the appointment as registered agent. Lam lamilier with and accept the objection advector the objection advector the appoint of the transport and advector the objection advector the appoint of the transport advector the appoint of th	ר ^י	25	29		Personal Property Tax due June 30.	Yes 🔊 No
Intermedia, NDEEnt D. 4973 ALTA VISTA AVE ST AUGUSTINE FL 32084 Istreet Address (P.O. Box Number is Not Acceptable) Istreet Address Stuttes Istreet Addre			ant Registered Agent	81 Name	10. Name and Address of New Registered A	Agent
Significe trained and served have at the gate in applicable (NET) Hoginized agent significent regression within a property when retrained) Date 2. OFFICE PS AND DIFE CTORS 13. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12 TE PD DELETE 11 THE DELETE 12 MARE NNE HUFFMAN, ROBERT D 12 MARE 13 STRET ADDRESS Change Addition NT: ST: 2P ST AUGUSTINE FL 13 STRET ADDRESS 12 MARE 13 STRET ADDRESS TY: ST: 2P ST AUGUSTINE FL 13 STRET ADDRESS 2 NAME 14 GTY: ST. 2P TRE ADDRESS ST AUGUSTINE FL 2 NAME 2 STRET ADDRESS				83		
TLE PD DELETE 11 TITLE DELETE 11 TITLE Change Addition AME HUFFMAN, ROBERT D 12 NAME 13 STRETA DDRESS 13 STRETA DDRESS 14 CTY-ST-2/P	1. Pursuant office or agent. La	I to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 607, 1508, Florida Stat e of Florida, Such change wa gations of, Section 607,0505,	- ,		
AME HUFFMAN, ROBERT D 12 MANE 13 STREET ADDRESS ST AUGUSTINE FL 14 CITV-51-2P 14 CITV-51-2P 14 CITV-51-2P 14 CITV-51-2P 14 CITV-51-2P 14 CITV-51-2P 14 CITV-51-2P 14 CITV-51-2P 14 CITV-51-2P 14 CITV-51-2P 15 TAUGUSTINE FL 17 ST-2P 17 ST AUGUSTINE FL 18 CITV-51-2P 17 ST AUGUSTINE FL 18 CITV-51-2P 18 CITV-51-2P 18 CITV-51-2P 18 CITV-51-2P 18 CITV-51-2P 18 CITV-51-2P 18 CITV-51-2P 18 CITV-51-2P 19 CITE 19 CITE 19 CITE 19 CITE 19 CITE 19 CITE 19 CITE 19 CITE 19 CITE 19 CITE 10		Signature, typed in presid name of logisticied as	jest and the diappheable (N	utes, the above-named co s authorized by the corpora l lorida Statutes.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	
TILE STD DELETE 2.1 TITLE Change Addition AME HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL TILE VO DELETE 31 TITLE VO DELETE 31 TITLE AME HUFFMAN, JAMES C 4973 ALTA VISTA AVE ST AUGUSTINE FL TILE DELETE 31 TITLE 33 STREET ADDRESS ST AUGUSTINE FL TILE DELETE 31 TITLE 34 CITY-S1-ZIP TILE DELETE 31 TITLE 34 CITY-S1-ZIP TILE DELETE 31 TITLE Addition Additio	IGNATURE 2	Signature typed in preced name of registricities OF FICE RS A1	gest and the diapplicable (N ND DIRECTORS	uics, the above-named co s authorized by the corpora- liorida Statules.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE	changing its registered ointment as registered
MME HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL 22 NAME 23 STREET ADDRESS 31 AUGUSTINE FL VO DELETE 31 TILE MME HUFFMAN, JAMES C 4973 ALTA VISTA AVE ST AUGUSTINE FL 1 Change Addition MRE TADDRESS 32 NAME 33 STREET ADDRESS YST-ZIP ST AUGUSTINE FL ST AUGUSTINE FL 34 GITY-ST-ZIP TLE 34 GITY-ST-ZIP NME DELETE ITLE 1 DELETE VIET 44 OTY-ST-ZIP TLE 1 DELETE VIET 44 OTY-ST-ZIP ITLE 1 DELETE VIET 44 OTY-ST-ZIP ITLE 1 DELETE ST AUGUSTINE FL 1 DELETE ITLE 1 DELETE ST AUGUSTINE FL 1 DELETE ADDITETE 4 NITLE ITLE 1 DELETE ST AUGUSTINE FL 1 DELETE ST AUGUSTINE FL 1 DELETE ITLE 1 DELETE ST AUGUSTINE 2 NAME ST AUGUSTINE 3 STREET ADDRESS ITLE 1 DELETE ST AUGUSTINE 3 STREET ADDRESS ITLE 1 DELETE ST AUGUSTINE 3 STREET ADDRESS ST AUGUSTINE 3 STREET ADDRESS	IGNATURE 2 TLE AME	Signature types or preciding the other sector day OF FICE RS At HUFFMAN, ROBERT D 4973 ALTA VISTA AVE	gest and the diapplicable (N ND DIRECTORS	utes, the above-named co s authorized by the corpora Florida Statutes. OIE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE	changing its registered ointment as registered
TLE VO DELETE 31 TITLE 1 Change Addition MME HUFFMAN, JAMES C 4973 ALTA VISTA AVE ST AUGUSTINE FL 33 STREET ADDRESS ST AUGUSTINE FL 34 CITY-SI-ZIP TILE DELETE 4.1 TITLE 1 Change Addition MME 4.2 MAME REET ADDRESS TY-SI-ZIP 44 CITY-SI-ZIP TILE DELETE 5.1 TITLE 1 Change Addition MME 52 NAME FREET ADDRESS TY-SI-ZIP TILE 0 DELETE 5.1 TITLE 1 Change Addition MME 52 NAME S3 STREET ADDRESS TY-SI-ZIP TILE 0 DELETE 5.1 TITLE 1 Change Addition MME 64 CITY-SI-ZIP TILE 0 DELETE 5.1 TITLE 1 Change Addition MME 65 NAME S3 STREET ADDRESS S4 CITY-SI-ZIP TILE 0 DELETE 6.1 TITLE 1 Change Addition MME 62 NAME S3 STREET ADDRESS S4 CITY-SI-ZIP TILE 0 DELETE 6.1 TITLE 1 Change Addition MME 62 NAME S3 STREET ADDRESS	IGNATURE 2. TLE AME IREET ADDRESS TY - ST - 21P	Signature typed or preciding of a get inget induce OF FICE HS At HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL	gret and the diagranulatie (N ND DIRECTORS DELETE	utes, the above-named co s authorized by the corpora f lorida Statutes. OIE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE	Changing its registered ointmont as registered DIRECTORS IN 12
ME HUFFMAN, JAMES C 4973 ALTA VISTA AVE ST AUGUSTINE FL 92 NAME 93 STREET ADDRESS 93 ALTA VISTA AVE 93 STREET ADDRESS 94 CITY-SI-ZIP LE DELETE 4. CITY-SI-ZIP ME 4. STREET ADDRESS 1Y-SI-ZIP 4. CITY-SI-ZIP LE DELETE 5.1 TITLE ME 92 NAME REET ADDRESS 4. CITY-SI-ZIP LE DELETE STREET ADDRESS 4. CITY-SI-ZIP LE DELETE ME 5.1 TITLE ME S1 REET ADDRESS IY-SI-ZIP 4. CITY-SI-ZIP LE DELETE S1 DELETE 5.1 TITLE ME S2 NAME S2 NAME S3 STREET ADDRESS IY-SI-ZIP 5.3 STREET ADDRESS ME S3 STREET ADDRESS IY-SI-ZIP 5.4 CITY-SI-ZIP LE DELETE S3 STREET ADDRESS 5.3 STREET ADDRESS IY-SI-ZIP 5.4 CITY-SI-ZIP LE DELETE S4 CITY-SI-ZIP LE DELETE S3 STREET ADDRESS S4 CITY-SI-ZIP LE Change Addition ME REET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS	IGNATURE 2. ILE IME REET ADDRESS IY-SI-ZIP ILE IME	Signature trace or part of han e dia get under OFFICE HS AN HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE	gret and the diagranulatie (N ND DIRECTORS DELETE	utes, the above-named co s authorized by the corpora f lorida Statules. OIE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE	Changing its registered ointmont as registered DIRECTORS IN 12
TLE DELETE 4.1 THLE Change Addition AME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 44 CITY-ST-ZIP Change Addition TLE DELETE 5.1 THLE Change Addition MME 52 NAME 53 STREET ADDRESS Addition REET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS TY-ST-ZIP 54 CITY-ST-ZIP Change Addition NME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP TLE DELETE 6.1 THLE Change Addition WME 6.1 THLE Change Addition REET ADDRESS 6.3 STREET ADDRESS Change Addition	IGNATURE 2. TLE TLE TREET ADDRESS TY-ST-ZIP TY-ST-ZIP	Standure typed or pieted name of legisland a OF FICE RS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL	SJERK and the diapyticable (N ND DIRECTORS	utes, the above-named co s authorized by the corpora f lorida Statules. OIE Registered Agent signature req 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	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE	Changing its registered ointment as registered DIRECTORS IN 12 Change Addition Change Addition
AME 4.2 NAME IREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 44 CITY-ST-ZIP IDELETE 5.1 TITLE IDELETE 5.1 TITLE IREET ADDRESS 5.3 STREET ADDRESS ITY-ST-ZIP 5.3 STREET ADDRESS ITY-ST-ZIP 5.4 CITY-ST-ZIP ITTLE 1.1 TITLE ITTLE 5.3 STREET ADDRESS ITY-ST-ZIP 5.4 CITY-ST-ZIP ITTLE 1.1 TITLE ITY-ST-ZIP 5.4 CITY-ST-ZIP ITY-ST-ZIP 6.1 TITLE ITY-ST-ZIP 6.3 STREET ADDRESS	IGNATURE 2. TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME	Signature typed or preved name of registructing OFFICE INS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL VD HUFFMAN, JAMES C 4973 ALTA VISTA AVE	SJERK and the diapyticable (N ND DIRECTORS	utes, the above-named co s authorized by the corpora- florida Statutes. OIE Registered Agent signature reg- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE	Changing its registered ointment as registered DIRECTORS IN 12 Change Addition Change Addition
TY-ST-ZIP 44 CITY-ST-ZIP TLE DELETE DELETE 51 TITLE S2 NAME 52 NAME repert ADDRESS 53 STREET ADDRESS TY-ST-ZIP 54 CiTY-ST-ZIP Change Addition DELETE 61 TITLE ME Change ME Change S4 CiTY-ST-ZIP 61 TITLE Change Addition ME 63 STREET ADDRESS REET ADDRESS 63 STREET ADDRESS	IGNATURE 2. TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP IREET ADDRESS TY-ST-ZIP	Signature typed or preved name of registructing OFFICE INS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL VD HUFFMAN, JAMES C 4973 ALTA VISTA AVE	SPEC HIND THE IT ANY ACABLE (N NED DIFRECTORS	utes, the above-named co s authorized by the corpora- liorida Statutes. OIE Registered Agent signature reg- 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
LE DELETE 51 TITLE Change Addition ME 52 NAME 53 STREET ADDRESS 1Y - ST - ZIP LE DELETE 6.1 TITLE Change Addition ME 62 NAME REET ADDRESS 63 STREET ADDRESS	GNATURE 2. TILE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	Signature typed or preved name of registructing OFFICE INS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL VD HUFFMAN, JAMES C 4973 ALTA VISTA AVE	SPEC HIND THE IT ANY ACABLE (N NED DIFRECTORS	utes, the above-named co s authorized by the corpora- liorida Statutes. OIE Registered Agent signature reg- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.3 TITLE	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
ME 52 NAME REET ADDRESS 53 STRFET ADDRESS Y-ST-ZIP 54 City-ST-ZIP LE DELETE DELETE 61 Title ME 62 NAME REET ADDRESS 63 STREET ADDRESS	GNATURE REET ADDRESS (Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME	Signature typed or preved name of registructing OFFICE INS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL VD HUFFMAN, JAMES C 4973 ALTA VISTA AVE	SPEC HIND THE IT ANY ACABLE (N NED DIFRECTORS	utes, the above-named co s authorized by the corpora- florida Statutes. OIE Registered Agent signature rege 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 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
Y-ST-ZIP 5.4 CiTY-ST-ZIP LE DELETE 6.1 TiTLE Change Addition ME 62 NAME 63 STHEET ADDRESS 63 STHEET ADDRESS	GNATURE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP	Signature typed or preved name of registructing OFFICE INS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL VD HUFFMAN, JAMES C 4973 ALTA VISTA AVE	greit mid the diagricable (N ND DIFRECTORS DELETE DELETE DELETE DELETE	utes, the above-named co s authorized by the corpora- florida Statutes. OIE Registered Agent signature req 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 3.2 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	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
LE DELETE 6.1 TITLE Change Addition ME 62 NAME REET ADDRESS 6.3 STHEET ADDRESS	GNATURE REET ADDRESS Y - ST - ZIP LE ME REET ADDRESS Y - ST - ZIP LE ME REET ADDRESS Y - ST - ZIP LE ME REET ADDRESS Y - ST - ZIP LE	Signature typed or preved name of registructing OFFICE INS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL VD HUFFMAN, JAMES C 4973 ALTA VISTA AVE	greit mid the diagricable (N ND DIFRECTORS DELETE DELETE DELETE DELETE	utes, the above-named co s authorized by the corpora- florida Statutes. OIE Registered Agent signature req 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 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 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	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
ME 6.2 NAME REET ADDRESS 6.3 STHEET ADDRESS	GNATURE LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS HE ME	Signature typed or preved name of registructing OFFICE INS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL VD HUFFMAN, JAMES C 4973 ALTA VISTA AVE	greit mid the diagricable (N ND DIFRECTORS DELETE DELETE DELETE DELETE	utos, the above-named co s authorized by the corpora- florida Statutes. OIE Registered Agent signature rege 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 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 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	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
	GNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP	Signature typed or preved name of registructing OFFICE INS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL VD HUFFMAN, JAMES C 4973 ALTA VISTA AVE	gret wid the day (wable (N) ND DIRECTORS (DELETE (DELETE) (DELETE) (DELETE) (DELETE) (DELETE)	utes, the above-named co s authorized by the corpora- liorida Statutes. OIE Registered Agent signature req- 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 3.2 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 6.4 CITY-ST-ZIP	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
	IGNATURE 2. TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE	Signature typed or preved name of registructing OFFICE INS AN PD HUFFMAN, ROBERT D 4973 ALTA VISTA AVE ST AUGUSTINE FL STD HUFFMAN, BETTE K 4973 ALTA VISTA AVE ST AUGUSTINE FL VD HUFFMAN, JAMES C 4973 ALTA VISTA AVE	gret wid the day (wable (N) ND DIRECTORS (DELETE (DELETE) (DELETE) (DELETE) (DELETE) (DELETE)	utos, the above-named co s authorized by the corpora- florida Statutes. CIE Registered Agent signature req- 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 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 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	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	