COUNTERN # 549573 (4) COUNTERN # 549573 (4) COUNTERN PRISES, INC. Maling Address Table GLF BLD InDUM ROCKS BCH FL 3463 Table GLF BLD InDUM ROCKS BCH FL 3463 COUNTERN IN THIS SPACE COUNTERN INTERNO	COR ANNL	PROFIT PORATION JAL REPORT 1998		FLORIDA DEPA Sandra	RTMENT O B. Mortha ary of State	F STATE m		Jan 29 1 Secreta		8:0	
				(4)					2		
Mailing Address Mailing Address 128 GUE RUX 128 GUE RUX 129 GUE RUX 128 GUE RUX 120 GUE RUX 120 GUE RUX 121 GUE RUX 120 GUE RUX 121 GUE RUX 120 GUE RUX 121 GUE RUX 121 GUE RUX 121 GUE RUX 128 GUE R	UDENN	ALTEN ENTENENISES,	INC.								
INDIAN ROCKS BCH FL 34635 NDIAN ROCKS BCH FL 34635 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 1. Dring 1917 4. FEI Number 2. DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 1. Dring 1917 4. FEI Number 2. DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 1. Dring 1917 4. FEI Number 2. DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 1. Dring 1917 2. Do Not Write IN This Space 3. Date incorporate or Qualified 3. Date incorporate or Qualified	rincipal Place	e of Business	Mailin	g Address					U U U U B B		
Principal Place of Business 2m. Mailing Address 4. FB Number Applied EV Suite, Apl, #, etc. 2s Suite, Apl, #, etc. 5. Certificate of Suite Desired 98. 75 Address City & State 6. Election Campaign Financing 55.00 May be 75.00 May be Zip 2p Country 8. This corporation Dress paid the current year (Heighber Parts Find Contribution) Address of Country year (Heighber Parts Find Contribution) Address of New Registered Agent 2ip 2p Country 8. This corporation Dress of the same of the current year (Heighber Parts Find Contribution) Name and Address of New Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 1218 GULF BLVD. NINAN ROCKS BCH FL 34635 38 38 38 38 38 1218 GULF BLVD. Name and Address of New 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 2016 or registered agent, or both, the SUBLed FOrGB, Subch OfDirgo Vas authorized by the corporation subch is statament for the purpose of changing is registered Agent and the co					L 34635					SPACE	
Principal Place of Business 2a. Malling Address 4. FEI Number Applied FC: Suite, ApJ, #, etc. 5. Certificate of Status Desired S9.75 Additional City & State 20 Solidation S. Certificate of Status Desired S8.75 Additional Zip 20 20 Country 8. Execution Controlution Additional Section Sectin Sectin Sectin Section Sectin Section Section Sectin Sectin Sect							1		I		
Sule, Apt. #, etc. Sule, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional representations City & State Country S. The provide the set of th	- Principal Pl	ace of Business		ailing Address			4	I. FE! Number			
City & State City & State 6. Excitor Campaign Financing S5.00 May Bay Zip Zip Country 2 Trust Fund Contribution Added to Fees Zip Zip Country 2 This corporation owes or has paid the current year itezg/Bite 0 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 02ETMEYER, MARY JO 1216 GULF BLVD. Name 81 Name Name 02ETMEYER, MARY JO 1216 GULF BLVD. Name 81 Name Name Name 02ETMEYER, MARY JO 1216 GULF BLVD. Name 81 Name Name Name Name 02ETMEYER, MARY JO 1216 GULF BLVD. Name 81 Name Na		#, etc.	Su	iite, Apt. #, etc.						\$8.75	Additional
Zip Country Zip Country It is corporation over or has paid the current year (tangpible Perisonal Property Tax due June 20		3	Cit	ty & State			•				
OBERMEYER, MARY JO 1218 GULF BLVD. INDIAN ROCKS BCH FL 34635 91 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 84 City FL 85 84 86 84 87 Name 88 84 89 84 89 84 89 84 89 84 1010 1010 89 84 1111 1010 1111 1010 1111 1010 1111 1010 1111 1010 1111 1010 1111 1010 1111 1010 1111 1010 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 <td< td=""><td></td><td> ·</td><td>i i i i i i i i i i i i i i i i i i i</td><td>0</td><td>÷</td><td>lry</td><td>Ę</td><td>•</td><td>-</td><td></td><td></td></td<>		·	i i i i i i i i i i i i i i i i i i i	0	÷	lry	Ę	•	-		
OberWitter, WART 30 T218 GULF BLVD. INDIAN ROCKS BCH FL 34635 B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) B2 Street Address (P.O. Box Number Is Not Acceptable) Charge Address P2 Street Address P2			Current Registere	ed Agent		1 Nama	10). Name and Address of New I	Registered	Agent	· · · · · · · · · · · · · · · · · · ·
INDIAN ROCKS BCH FL 34635 The Decomposition of the Colspan="2">Control Statutes in the State of Forda. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of . Sections 607.0502, Florida Statutes, the above named comportation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the above named comportation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the above named comportation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the appointment as registered agent, and the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the appointment as registered agent, and the appointment as registered agent, and accept the obligations of . Section 607.0502, Florida Statutes, the appointment as registered agent, and the appointment as registered agent, and the appointment agent, and the appointment as registered agent, and the appointment agent, and the appoint agent, and the appointed agent, and the appoint a											
It Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursues of changing its registered agent, and accept the obligations of Section 607.0502 florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0502 florida. Statutes, the above-named corporation submits this statement for the pursues of changing its registered agent. Jam familiar with, and accept the obligations of Section 607.0502 florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and membrane or registered agent and the if reprictable. IGNATURE Ignature, wood or proved name or registed agent and the if reprictable. IVOICE Registered Agent agent and the if reprictable. IVOICE Registered Agent agent and the if reprictable. IGNATURE OFFICERS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12. IRET ADDRESS 1218 GULF BLVD. 13 SIFERT ADDRESS IRET ADDRESS 13.5IFERT ADDRESS IRET ADDRESS 23 SIFERT ADDRESS IRET ADDRESS 24 GITY-ST-2P IRET ADDRESS 24 GITY-ST-2P IRET ADDRESS 33 SIFERT ADDRESS IRET ADDRESS 33 SIFERT ADDRESS IRET ADDRESS 33 SIFERT ADDRESS IRET ADDRESS 43 SIFERT ADDRESS IRET ADDRESS 43 SIFERT ADDRESS IRET ADDRESS 43 GITY-ST-2P <t< td=""><td></td><td></td><td>5</td><td></td><td>٤</td><td>Street A</td><td>Address</td><td>(P.O. Box Number Is Not Accept</td><td>able)</td><td></td><td></td></t<>			5		٤	Street A	Address	(P.O. Box Number Is Not Accept	able)		
T. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATURE IGNATU					٤	3					
1. Pursuant to the provisions of Sections 607 0600 and 607.1606, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, an familiar with, and accopt the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accopt the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and many of registered agent and the it applicable. IGNATURE Ignature, the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and many of registered agent and the it applicable. DNTE IGNATURE Ignature, the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes, the above hereits and the iter applicable. DNTE IGNATURE IDELETE 11 The DDITECTORS IN 12 Accept the applicable. IDELETE 11 The IDELETE INDIAN ROCKS BEACH FL IDELETE 11 Acriv-5r-20P IDELETE REF ADDRESS ST. PETERSBURG FL IDELETE 2 NAME REF ADDRESS ST. PETERSBURG FL IDELETE 3 THE REF ADDRESS STAMFORN CO 3 Actiny-Sr-2P IDELETE <td< td=""><td></td><td></td><td></td><td></td><td>8</td><td>4 City</td><td></td><td></td><td></td><td>85 Zip</td><td>Code</td></td<>					8	4 City				85 Zip	Code
2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TLE PT I DELETE 1.1 ITRLE I Change I Addition MARE PERRY, RONALD 1.3 STREET ADDRESS I Change I Addition ITY-ST-2P INDIAN ROCKS BEACH FL 1.4 CITY-ST-2P I Change I Addition MARE RAINE, KAREN I DELETE 23 STREET ADDRESS I Change I Addition MARE RECALDE, AMY I DELETE 23 STREET ADDRESS I Change I Addition MARE RECALDE, AMY I DELETE 3 STREET ADDRESS I Change I Addition MARE RECALDE, AMY I DELETE 3 STREET ADDRESS I Change I Addition MARE S I DELETE 3 STREET ADDRESS I Change I Addition TY-ST-2P ST. PETERSBURG FL 23 STREET ADDRESS I Change I Addition MARE RECALDE, AMY 3 STREET ADDRESS I Change I Addition TY-ST-2P STAMFORN CO 3 STREET ADDRESS I Change I Addition TY-ST-2P I DELETE 4 STREET ADDRESS	1. Pursuant t	to the provisions of Sections 60	7.0502 and 607.1	1508, Florida Statu	ites, the abo	ve-named	corporat	ion submits this statement for the		changing	its registered
AME PERRY, RONALD 12 NAME IREET ADDRESS 1218 GULF BLVD. 13 STREET ADDRESS INDIAN ROCKS BEACH FL 14 CITY-ST-2IP ILE V DELETE AME RAINE, KAREN 2 NAME G720 TANELEWOOD DR. VE 23 STREET ADDRESS MRE A DELETE NAME S MRE RECALDE, AMY 32 NAME 19 WOOD WAY ROAD 33 STREET ADDRESS TY-ST-2P STAMFORN CO TLE A DELETE AS STREET ADDRESS	agent. I ar IGNATUBE	m familiar with, and accept the	obligations of, Se	action 607.0505, F	lorida Statu	es.			purpose of ept the app	f changing ointment a	its registered s registered
TAEET ADDRESS 1218 GULF BLVD. 1.3 STREET ADDRESS TXY-ST-2P INDIAN ROCKS BEACH FL 1.4 CITY-ST-2P TLE V DELETE 2.1 TITLE AME RAINE, KAREN 2.2 NAME G720 TANELEWOOD DR. VE 2.3 STREET ADDRESS	agent. I ar IGNATURE	m familiar with, and accept the Signature, typed or proted name of registe OFFICER	obligations of, Se ared agent and title if ap	ection 607.0505, F plicable. (NC	TE. Registered /	GS.		en reinstatlog)	purpose of ept the app DATE	DIRECTO	PRS IN 12
TV-E V DELETE 2:1 TITLE Change Addition AME RAINE, KAREN 22 NAME 22 NAME 22 NAME G720 TANELEWOOD DR. VE 23 STREET ADDRESS 23 STREET ADDRESS 33 STREET ADDRESS TV-ST-ZIP ST. PETERSBURG FL 2.1 TITLE Change Addition TLE S 1 DELETE 3.1 TITLE Change Addition RECALDE, AMY 32 NAME 3.2 STREET ADDRESS Addition Addition ITV-ST-ZIP STAMFORN CO 3.3 STREET ADDRESS Addition Addition MARE IDELETE 4.1 TITLE Change Addition MARE IDELETE 3.1 TITLE Change Addition MARE RECALDE, AMY 3.2 STREET ADDRESS 3.3 STREET ADDRESS Street ADDRESS TV-ST-ZIP STAMFORN CO 3.4 CITY-ST-ZIP Change Addition MARE 4.3 STREET ADDRESS 5.3 STREET ADDRESS Addition TY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition MARE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Street ADDRESS Street ADDRESS	agent. I ar IGNATURE 2.	m familiar with, and accept the Signature, typed or proted name of registe OFFICER PT	obligations of, Se ared agent and title if ap	ection 607.0505, F plicable. (NC	Te. Registered (13. 1.1 TITL	ies. Agent signature		en reinstatlog)	purpose of ept the app DATE	DIRECTO	PRS IN 12
Intert ADDRESS 6720 TANELEWOOD DR. VE 2.3 STREET ADDRESS ITY-ST-ZIP ST. PETERSBURG FL 2.4 CITY-ST-ZIP TLE S DELETE 3.1 TITLE AME RECALDE, AMY 3.3 STREET ADDRESS Addition ITY-ST-ZIP STAMFORN CO 3.4 CITY-ST-ZIP TLE DELETE 4.1 CITLE AME A.2 NAME ITY-ST-ZIP STAMFORN CO STAMFORN CO 3.4 CITY-ST-ZIP TLE DELETE 4.1 CITLE Change AME 4.2 NAME STOP 4.4 CITY-ST-ZIP TLE DELETE AME 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CITY-ST-ZIP TLE DELETE STRET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CITY-ST-ZIP TLE DELETE STRET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CITY-ST-ZIP TLE DELETE STRET ADDRESS 5.4 CITY-ST-ZIP TLE Change Additic STRET ADDRESS 5.4 CITY-ST-ZIP TLE Change AME 6.3 STREET ADDRESS STY-ST-ZIP 6.4 CITY-ST-ZIP C	agent, I ar	m familiar with, and accept the Signature, typed or proted name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD.	obligations of, Se ared agent and title if ap IS AND DIRECTO	ection 607.0505, F plicable. (NC	Te: Registered) 13. 1.1 TITL 1.2 NAW 1.3 STRI	es. vgent signature E E ET ADDRESS		en reinstatlog)	purpose of ept the app DATE	DIRECTO	PRS IN 12
ST. PETERSBURG FL 2.4 CITY-ST-ZIP TILE S DELETE 3.1 TITLE Change Addition IREET ADDRESS 19 WOOD WAY ROAD 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition TILE STAMFORN CO 3.4 CITY-ST-ZIP Change Addition TILE DELETE 4.1 TITLE Change Addition MME IDELETE ADRESS Change Addition TILE IDELETE DELETE Change Addition MME 4.2 NAME 4.2 NAME 4.2 NAME 4.4 CITY-ST-ZIP TILE IDELETE 5.1 TITLE IChange Addition MME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition TY-ST-ZIP IDELETE 6.1 TITLE IChange Addition 6.3 STREET ADDRESS 6.3 STREET ADDRESS ICHANGE 6.2	agent, I ar	m familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH	obligations of, Se ared agent and title if ap IS AND DIRECTO	In Contraction 607.0505, F	Torida Statu TE. Registered / 13. 1.1 TTL 1.2 NAW 1.3 STRI 1.4 CTY	ies. Igent signature E E ET ADDRESS -ST-ZIP		en reinstatlog)	purpose of ept the app DATE		DRS IN 12
In Or La S I DELETE 3.1 TITLE Change Addition IREET ADDRESS 19 WOOD WAY ROAD 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 OITY-ST-ZIP TLE STAMFORN CO 3.4 OITY-ST-ZIP Change Addition TILE I DELETE 4.1 TITLE Change Addition AME I DELETE 4.1 TITLE I Change Addition ITY-ST-ZIP I DELETE 5.1 TITLE I Change Addition ITY-ST-ZIP I DELETE 6.1 TITLE I Change Addition ITY-ST-ZIP I DELETE 6.1 TITLE I Change Addition	agent. I ar IGNATURE 2. TLE AME IREET ADDRESS ITY-SI-ZIP TLE AME	m familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN	obligations of, Se area agent and title if ap IS AND DIRECTO	In Contraction 607.0505, F	TE. Registered / 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TTL 2.2 NAM	es. gent signature E E E ST ADDRESS - ST- ZIP E E		en reinstatlog)	purpose of ept the app DATE		DRS IN 12
IREET ADDRESS 19 WOOD WAY ROAD 3.3 STREET ADDRESS STAMFORN CO 3.4 CITY-ST-ZIP TLE Change Addition Addi	agent. I ar IGNATURE 2. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	m familiar with, and accept the Signature, typed or proted name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR	obligations of, Se area agent and title if ap IS AND DIRECTO	In Contraction 607.0505, F	TE. Registered) 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI	es. gent signature E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E		en reinstatlog)	purpose of ept the app DATE		DRS IN 12
STAMFORN CO 34. CIY-ST-ZIP TLE DELETE 4.1 TITLE Change Addition AME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CIY-ST-ZIP Change Addition TLE DELETE 5.1 TITLE Change Addition AME 52 NAME STREET ADDRESS Addition ITY-ST-ZIP 5.1 TITLE Change Addition ITY-ST-ZIP 5.1 TITLE Change Addition ITY-ST-ZIP 5.3 STREET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP TY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition MAE DELETE 6.1 TITLE Change Addition MAE 6.2 NAME G.2 NAME Addition Addition ITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition Addition ITE DELETE 6.1 TITLE Change Addition ITE ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS ITY-ST-ZIP G.3 STREET ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS <td>agent. I ar IGNATURE 2. TLE AME IREET ADDRESS ITY-SI-ZIP TLE AME IREET ADDRESS ITY-SI-ZIP</td> <td>m familiar with, and accept the Signature, typed or proted name of registe PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL</td> <td>obligations of, Se area agent and title if ap IS AND DIRECTO</td> <td>In Contraction 607.0505, F</td> <td>TE. Registered / 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TTL 2.2 NAM 2.3 STRI 2.4 CIT 2.4 CIT</td> <td>es. gent signature E E T ADDRESS -ST-ZIP E E E E T ADDRESS (-ST-ZIP</td> <td></td> <td>en reinstatlog)</td> <td>purpose of ept the app DATE</td> <td>DIRECTO</td> <td>DRS IN 12</td>	agent. I ar IGNATURE 2. TLE AME IREET ADDRESS ITY-SI-ZIP TLE AME IREET ADDRESS ITY-SI-ZIP	m familiar with, and accept the Signature, typed or proted name of registe PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL	obligations of, Se area agent and title if ap IS AND DIRECTO	In Contraction 607.0505, F	TE. Registered / 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TTL 2.2 NAM 2.3 STRI 2.4 CIT 2.4 CIT	es. gent signature E E T ADDRESS -ST-ZIP E E E E T ADDRESS (-ST-ZIP		en reinstatlog)	purpose of ept the app DATE	DIRECTO	DRS IN 12
TLE DELETE 4.1 TITLE Change Addition AME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CTY-ST-ZIP 4.4 CTY-ST-ZIP TLE DELETE 5.1 TITLE Change Addition AME 5.2 NAME 5.3 STREET ADDRESS Addition TY-ST-ZIP S.1 TITLE Change Addition TY-ST-ZIP 5.3 STREET ADDRESS 5.3 STREET ADDRESS For the stress of the stress	agent. I ar IGNATURE 2. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE	m familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY	obligations of, Se area agent and title if ap IS AND DIRECTO	In Contraction 607.0505, F	TE. Registered) 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CTTY 2.1 TTL 2.2 NAM 2.3 STRI 2.4 CTT - 3.1 TTL	es. vgent signature E E T ADDRESS -ST-ZIP E E E T ADDRESS (-ST-ZIP E		en reinstatlog)	purpose of ept the app DATE	DIRECTO	DRS IN 12
REET ADDRESS 4.3 STREET ADDRESS IY- ST-ZIP 4.4 CITY-ST-ZIP TLE DELETE 5.1 TITLE AME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS IY- ST-ZIP 5.4 CITY-ST-ZIP TY- ST-ZIP 5.4 CITY-ST-ZIP TLE DELETE 6.1 TITLE MAKE 6.2 NAME IREET ADDRESS 6.3 STREET ADDRESS TY- ST-ZIP 6.4 CITY-ST-ZIP TY- ST-ZIP 6.4 CITY-ST-ZIP	agent. I ar IIGNATURE 2. 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO	In Contraction 607.0505, F	TE. Registered) 13. 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CTTY 2.1 TTL 2.2 NAM 2.3 STRI 2.4 CTT 3.1 TTL 3.2 NAM 3.3 STRI	es. gent signature E E ET ADDRESS -ST-ZIP E E ET ADDRESS (-ST-ZIP E E E E E E E E E E E E E		en reinstating)	purpose of ept the app DATE	DIRECTO	DRS IN 12
ITY - ST - ZIP 4.4 CITY - ST - ZIP ILE DELETE 5.1 TITLE AME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ITY - ST - ZIP 5.4 CITY - ST - ZIP TLE DELETE 6.1 TITLE Change Addition MARE REET ADDRESS G1 DELETE 6.1 TITLE Change Addition AME G2 NAME G3 STREET ADDRESS G3 STREET ADDRESS G7 - ST - ZIP G4 CITY - ST - ZIP	agent. I ar IGNATURE	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO	In the formation of the	TE. Registered) 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CTTY 2.1 TTL 2.2 NAM 2.3 STRI 2.4 CTT 3.1 TTL 3.2 NAM 3.3 STRI 3.4. CTT	es. vgent signature E E ET ADDRESS -ST-ZIP E E ET ADDRESS (-ST-ZIP E E E E E E E E E ST-ADDRESS (-ST-ZIP E E E ST-ST-ZIP E E E ST-ST-ZIP E E ST-ST-ZIP E E ST-ST-ZIP E E ST-ST-ZIP E E ST-ST-ZIP E E ST-ST-ZIP E E ST-ST-ZIP ST-ST-ZIP E ST-ST-ZIP ST-ZIP ST-ZT-ZIP ST-ZT-ZIP ST-ZT-ZIP ST-ZT-ZIP ST-ZT-ZIP ST-ZT-ZT-ZT-ZT-ZT-ZT-ZT-ZT-ZT-ZT-ZT-ZT-ZT		en reinstating)	purpose of ept the app DATE	DIRECTO Change	DRS IN 12
TLE DELETE 5.1 TITLE Change Addition AME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP TLE DELETE 6.1 TITLE Change Addition Addition 54 CITY-ST-ZIP TLE CHANGE ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP	agent. I ar signature 2. 	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO	In the formation of the	TE. Registered) 13. 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TTL	es. gent signature E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E		en reinstating)	purpose of ept the app DATE	DIRECTO Change	DRS IN 12
AME 52 NAME 52 NAME 52 NAME 52 NAME 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP Change Addition AME 62 NAME 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS 77Y - ST - ZIP 64 CITY - ST - ZIP	agent. I ar IGNATURE 2. 2. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO	In the formation of the	Iorida Statu TE. Registered J 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CTTY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CTT 3.1 TITL 3.2 NAM 3.3 STRI 3.4. CIT 4.1 TITL 4.2 NAM	es. vgent signature E E E ST- ZIP E E E E E E E E E E E E E		en reinstating)	purpose of ept the app DATE	DIRECTO Change	DRS IN 12
TREET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CITY-ST-ZIP TLE DELETE 6.1 T/TLE AME 6.2 NAME IREET ADDRESS 6.3 STREET ADDRESS TY-ST-ZIP 6.4 CITY-ST-ZIP	agent. I ar IGNATURE 2. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO		Iorida Statu TE. Registered J 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CTTY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CTT 3.1 TITL 3.2 NAM 3.3 STRI 3.4. CTT 4.1 TTTL 4.2 NAM 4.3 STRI 4.3 STRI 4.3 STRI 4.3 STRI 4.4 CTY	es. vgent signature E E E T ADDRESS -ST-ZIP E E E T ADDRESS -ST-ZIP E E E E T ADDRESS -ST-ZIP E E E ST-ADDRESS -ST-ZIP E E ST-ADDRESS -ST-ZIP E E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP E ST-ST-ZIP ST-ZIP ST		en reinstating)	purpose of ept the app DATE	DIRECTO	DRS IN 12
TLE DELETE 6.1 TITLE Change Addition	agent. I ar signature 2. 	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO		Iorida Statu TE. Registered J 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CTTY 2.1 TTL 2.2 NAM 2.3 STRI 2.4 CTT 3.3 STRI 3.4. CIT 4.1 TJTL 4.2 NAM 3.3 STRI 3.4. CIT 4.3 STRI 4.3 STRI 4.3 STRI 5.1 TTL	Vgent signature E E E E E E E E E E E E E E E E E E E		en reinstating)	purpose of ept the app DATE	DIRECTO	DRS IN 12
AME 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP	agent. I ar agent.	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO		Iorida Statu TE. Registered J 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CTTY 2.1 TTL 2.2 NAM 2.3 STRI 2.4 CTT 3.1 TTL 3.2 NAM 3.3 STRI 3.4. CTT 4.1 TTL 4.2 NAM 4.3 STRI 4.3 STRI 4.4 CTTY 5.1 TTTL 5.2 NAM	Vgent signature E E E E T ADDRESS -ST-ZIP E E E T ADDRESS (-ST-ZIP E E E T ADDRESS (-ST-ZIP E E E T ADDRESS -ST-ZIP E E E T ADDRESS E E E E E E E E E E E E E E E E E E		en reinstating)	purpose of ept the app DATE	DIRECTO	DRS IN 12
6.3 STREET ADDRESS TY-ST-ZIP 6.4 CITY-ST-ZIP	agent. I ar agent.	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO		Iorida Statu TE. Registered J 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CTY 2.1 TTL 2.2 NAM 2.3 STRI 2.4 CTT 3.3 STRI 3.4 CTT 4.1 TTL 4.2 NAM 3.3 STRI 3.4. CTT 4.3 STRI 4.4 CTY 5.1 TTTL 5.2 NAM 5.3 STRI 5.4 CTY	Vgent signature E E E ST- ZIP E E E E T ADDRESS C-ST- ZIP E E E E T ADDRESS C-ST- ZIP E E E E T ADDRESS C-ST- ZIP E E E E E E E ST- ZIP E E E ST- ZIP E E E E ST- ZIP E E E ST- ZIP E E E E E ST- ZIP E E E ST- ZIP E E ST- ZIP E ST- ZIP E E ST- ZIP E E ST- ZIP E ST- ZIP E ST- ZIP E ST- ZIP E ST- ZIP E ST- ZIP E ST- ZIP E ST- ZIP E ST- ZIP E ST- ZIP E E ST- ZIP E ST- ZIP E ST- ZIP ST- ZIP E ST- ZIP ST- ZIP ST - ZIP ST - ZIP ST - ZIP ST- ZIP ST ST- ZIP ST ST ST- ZIP ST ST- ZIP ST- Z		en reinstating)	purpose of ept the app DATE	DIRECTO Change	PRS IN 12
TY-ST-ZIP 64 CITY-ST-ZIP	agent. I ar agent.	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO		Iorida Statu TE. Registered 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL	Vgent signature E E E T ADDRESS -ST-ZIP E E E T ADDRESS (-ST-ZIP E E E T ADDRESS (-ST-ZIP E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		en reinstating)	purpose of ept the app DATE	DIRECTO Change	PRS IN 12
	agent. I ar agent.	M familiar with, and accept the Signature, typed or printed name of registe OFFICER PT PERRY, RONALD 1218 GULF BLVD. INDIAN ROCKS BEACH V RAINE, KAREN 6720 TANELEWOOD DR ST. PETERSBURG FL S RECALDE, AMY 19 WOOD WAY ROAD	obligations of, Se area agent and title if ap IS AND DIRECTO		Iorida Statu 13. 1.1 TTL 1.2 NAM 1.3 STRI 1.4 CTTY 2.1 TTL 2.2 NAM 2.3 STRI 2.4 CTT 3.3 STRI 3.4 CTT 4.1 TTL 4.2 NAM 3.3 STRI 3.4 CTT 4.3 STRI 4.4 CTTY 5.1 TTTL 5.2 NAM 5.3 STRI 5.4 CTTY 6.1 TTTL 6.2 NAM	Vgent signature E E E E T ADDRESS -ST-ZIP E E E T ADDRESS (-ST-ZIP E E E T ADDRESS (-ST-ZIP E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		en reinstating)	purpose of ept the app DATE	DIRECTO Change	DRS IN 12