Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90021 044 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 573990

1. Corporation Name

DUILITA	TE ALGIVIINOIVI								
Principal Place of Business Mailing Address					1 198184 Billi 16888 Ilila 161	14 18111 <b>44</b> 11 <b>6</b> 1911 <b>6</b>			
1723 N. LECANTO HWY 1723 N. LECANTO HWY								*** **	
LECANTO FL 34461 LECANTO FL 34461				DO NOT WRITE IN THIS SPACE					
us us					3. Date Incorporated or Qualifed				
					05/30/1978				
2. Principal P	tace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	€.
21	- •	26			<del></del>			ot Applicable -	-1,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	d · □	\$8.75; A		•
City & Stat	e	City & State			Election Campaign Financi  Trust Fund Contribution	ng 🗆 '	\$5.00 : Added t		
Zip	Country	Zip	Country	, , , , , , , , , , , , , , , , , , ,	8. This corporation owes the	current year int		□No	
24	25	29 30	)		Personal Property Tax.  10. Name and Address of Ne	w Registered			
	9. Name and Address of Curre	* Registered Agent	81	Name	To. Haite and Addition of the	it itogiotor-			
KAN	E, THOMAS P.	•			(D.O. Day Marchania Mat Aca				
1723 N. LECANTO HWY		82	Street Addre	ess (P.O. Box Number is Not Acc	epiable)	remain in their persons	capte principles		
LEC	ANTO FL 32661		83		· · · · · · · · · · · · · · · · · · ·				
			84	City	1,382,637,639,57,883,8	14 134 1 3 4 1 3 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip (	Code	
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the second section is a second									
· agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	502 and 607.1508, Florida Statutes, e of Florida. Such change was auth gations of, Section 607.0505, Florid	the above norized by t a Statutes.	e-named corpo the corporation	oration submits this statement for n's board of directors. I hereby a	the purpose of ccept the appoi	changing its ntment as re	registered gistered	.•
11. Pursuant office or r agent. I a	im familiar with, and accept the oblig	gent and title if applicable. (NOTE: Re	egistered Agent		when reinstating)	DATE		·	. (6
signature  12.	Signature, typed or printed name of registered at OFFICERS A	partiand title if applicable. (NOTE: Re	egistered Agent		when reinstating) : ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12	100,1
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CITY-ST-ZIP 14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition