2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90035 005 ***150 00

ARY L. JOYNER, D.D.S., P.A. Incipal Place of Business 2025 E.F. FLAMINGD DRIVE 2025 E.F. FLAMIN	ARTOW, FL JOYNER, D.D.S., P.A. Mailing Address Mailing Address 2025 E FLAMMOD DRIVE	DOCU!	MENT # 586688					À	04-07-200	8 90033 (105 *****15	0.00
2025 E FLAMINGO DRIVE ARTOW, FL 33830 Principal Pace of Business - No P.O. Box # 3. Mailing Address 3. Mailin	2025 E. FLAMINGO DRIVE ARTOW, FL 33830 Principal Place of Business - No P.O. Bus # 3. Mailing Address Sulle, Apt. #, etc.											
RRTOW, FL 33830 BARTOW, FL 33830 BARTOW, FL 33830 Principal Place of Business - No P.O. Dox # 3. Mailing Address Suite, Apt. #. etc.	ARTOW, FL 33830 BARTOW, FL 33830 BARTOW, FL 33830 BARTOW, FL 33830 BARTOW, FL 30830 BARTOW, FL 30	Principal Place	of Business	Mail	ing Address			→	٠.			
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. O1212008 ChgP CR2E034 (12/06) Chy 4 State Chy 4 State Chy 5 State Country Country Streat Address of Current Registered Agent T, Name and Address of New Registered Agent ONNER, GARY L City Streat Address (P, O, Box Number is Not Acceptable) City FL Zip Code Chy 5 Streat Address (P, O, Box Number is Not Acceptable) City FL Number is Not Acceptable) In 12 12 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	Suite, Apt 4, etc. Suite, Apt 4, etc.	2025 E FLAMINGO DRIVE BARTOW, FL 33830			2025 E FLAMINGO DRIVE BARTOW, FL 33830				73			
City & State Self-Baddidnan Fire Address of Current Registered Agent Name Name Name Name Name Name Name Name City & State Address of New Registered Agent Name City & State Address of New Registered Agent Name City & State Address of New Registered Agent Name Name City & State Address of New Registered Agent City & State Address of New Registered Agent Name Name City & State Office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of spatiatored agent. City & FL Zip Code City & FL Zip Code City & FL Zip Code City & State Office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of spatiatored agent. City & FL Zip Code City	City & State Country Sp. 1854388 Sp. 18543888	. Principal Pl	ace of Business - No P.O. Box #	3. M	ailing Address							
Sp-1854388 Section S	Sp. 1854388 Not Applicable Sp. 1854388 Not Applicable Sp. 15 Additional Sp	Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				Chg-P	CR2E0	34 (12/06)	
Secretary Secr	S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of Now Registered Agent OVNER, GARY L DOYNER, GARY L	City & State	9	Ci	City & State							<u> </u>
Name Street Address (P.O. Box Number is Not Acceptable)	Name Street Address (P.O., Box Number is Not Acceptable)	Zip	Country	Zi	р	Coun	try	1				
OYNER, GARY L 025 E. FLAMINGO DRIVE The above named drivy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of legistered agent, or both, in the State of Forida. I am familiar with, and accept the obligat	COYNER, GARY L Oby The above named anyly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of published agent. If the above named anyly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of published agent. If the ADJ I are the Object of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the object of the familiar with, and accept the familiar with and accept the familiar with and accept the familiar with, and accept the familiar with, and accept the familiar with any familiar with any familiar with and accept the familiar with any familiar with any familiar with any familiar wi		6. Name and Address of Curr	ent Registe	red Agent		Name	7. Name an	d Address of New	Registered A	gent	
City FL Zip Code The above named final submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of explaints this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of explaints this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of explaints with a state of Florida. I am familiar with, and accept the obligations of explaints with a state of Florida. I am familiar with, and accept the obligations of explaints with a state of Florida. I am familiar with, and accept the obligations of explaints with a state of Florida. I am familiar with, and accept the obligations of explaints with a state of Florida. I am familiar with, and accept the obligations of explaints with and accept the obligations of explaints with, and accept the obligations of explaints and accept the obligations of explaints with and accept the obligations of explaints with and accept the obligations of explaints and accept the obligations of explaints and accept the obligations of expl	City FL Zip Code The above named fully submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of byfordered agent. The above named fully submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of byfordered agent. The above named fully submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of byfordered agent. The above named fully submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of byfordered agent. The above named fully submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of byfordered agent. The above named fully submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of byfordered agent. The above named fully submits agent to be purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named full submits agent accept agent. The above named full submits agent accept agent	JOYNER, (GARY L.									
The above named softs submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of byfolered agent. Institute	I. The above named fingly submits this sisterment for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of lightsfored agent. Post						Street Addres	ss (P.O. Box Numi	per is Not Acceptab	le)		
The above named and, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of subfiered agent. Common in the State of Florida. I am familiar with, and accept the obligations of subfiered agent.	The above named party submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of legistered agent. Polyman, typic or prince fem or inequal fauger use that is recleased. (NOTE Registered Agent signature received when remaining) DATE						City			FI	Zip Code	
The obligations of flagfetiered agent. International Contraction International Contract I	The obligations of substanced agent. Common	8. The above	named antity submits this statemer	nt for the pu	rpose of changing its	register	ed office or regi	stered agent, or b	oth, in the State of F		amiliar with,	and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PD OYNER, GARY L. JOYNER, GARY L. BLOUNT, WALKER E., JR. THE NAME BLOUNT, WALKER E., JR. THE NAME STREET ADDRESS THY-ST-2P THE D OYNER, JENNIFER B. THE NAME JOYNER, JENNIFER B. THE NAME JOYNER, JENNIFER B. THE NAME JOYNER, JENNIFER B. THE NAME STREET ADDRESS CITY-ST-2P THE MAME STREET ADDRESS CITY-ST-2P THE THE THE THE THE THE THE TH	FILE NOW!!I FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DO GFICERS AND DIRECTORS IN 11 TILE JOYNER, GARY I. SIREF ADDRESS DIY-S1-2P Delete SIREF ADDRESS DIY-S1-2P Delete MAKE JOYNER, GARY I. SIREF ADDRESS DIY-S1-2P Delete MAKE JOYNER, JENNIFER B. SIREF ADDRESS DIY-S1-2P SIREF ADDRESS DIY-S1-2P TILE MAKE SIREF ADDRESS DIY-S1-2P SIREF ADDRESS DIY-S1-2P TILE MAKE SIREF ADDRESS DIY-S1-2P TILE Delete TILE MAKE SIREF ADDRESS DIY-S1-2P TILE MAKE SIREF ADDRESS DIY-S1-2P TILE Delete TILE MAKE SIREF ADDRESS DIY-S1-2P TILE Delete TILE MAKE SIREF ADDRESS DIY-S1-2P TILE Delete TILE SIREF ADDRESS DIY-S1-2P TILE Delete Delete Delete Delete TILE Delete D				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	ŭ	•			_	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PD OYNER, GARY L. JOYNER, GARY L. BLOUNT, WALKER E., JR. THE NAME BLOUNT, WALKER E., JR. THE NAME STREET ADDRESS THY-ST-2P THE D OYNER, JENNIFER B. THE NAME JOYNER, JENNIFER B. THE NAME JOYNER, JENNIFER B. THE NAME JOYNER, JENNIFER B. THE NAME STREET ADDRESS CITY-ST-2P THE MAME STREET ADDRESS CITY-ST-2P THE THE THE THE THE THE THE TH	FILE NOW!!I FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DO GFICERS AND DIRECTORS IN 11 TILE JOYNER, GARY I. SIREF ADDRESS DIY-S1-2P Delete SIREF ADDRESS DIY-S1-2P Delete MAKE JOYNER, GARY I. SIREF ADDRESS DIY-S1-2P Delete MAKE JOYNER, JENNIFER B. SIREF ADDRESS DIY-S1-2P SIREF ADDRESS DIY-S1-2P TILE MAKE SIREF ADDRESS DIY-S1-2P SIREF ADDRESS DIY-S1-2P TILE MAKE SIREF ADDRESS DIY-S1-2P TILE Delete TILE MAKE SIREF ADDRESS DIY-S1-2P TILE MAKE SIREF ADDRESS DIY-S1-2P TILE Delete TILE MAKE SIREF ADDRESS DIY-S1-2P TILE Delete TILE MAKE SIREF ADDRESS DIY-S1-2P TILE Delete TILE SIREF ADDRESS DIY-S1-2P TILE Delete Delete Delete Delete TILE Delete D	SIGNATURE_	pa 26 3			T. O I		in distance and advantage.	1-	24-2	2008	———
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	ARTOMAY 1, 2008 Foe will be \$550.00 Trust Fund Contribution. Added to Fees Title DOYNER, GARY L. RIGHT ADDRESS 2275 W HELEN CIRCLE BARTOW, FL TITLE DEBUT TRUE DEBUT TRUE DOYNER, JENNIFER B. SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CITY-S1-2P TITLE MAKE SIREF ADDRESS CI		Signature, typed or printed rame of registrated a	Sour and the it	вроксавие. (NO)	E: Hegrstere	o Agent signiture red	(ured when reasoning)	1	DATE		
TILE ADDRESS CITY-ST-ZIP TILE ADDRESS CITY-	TILE MAKE JOYNER, GARY L. MAKE JOYNER, GARY L. MAKE JOYNER, GARY L. MAKE BARTOW, FL D BLOUNT, WALKER E., JR. 1105 BOUGAINVILLEA WAY, EAST STREET ADDRESS CITY-ST-2IP MILE JOYNER, JENNIFER B. STREET ADDRESS CITY-ST-2IP MAKE JOYNER, JENNIFER B. STREET ADDRESS CITY-ST-2IP MAKE STREET ADDRESS CITY-ST-2IP Delete D Delete MAKE STREET ADDRESS CITY-ST-2IP DELETE	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$5!	50.00	•	_	· ·					
MAKE JOYNER, GARY L. 275 W HELEN CIRCLE STREET ADDRESS STREET AD	MAKE JOYNER, GARY L. THEE FAMORESS ANTOW, FL THE BARTOW, FL THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER, JENNIFER B. SHEET ADDRESS OUT - 51-2P THE JOYNER BARTOW, FL THE JOYNER BARTOW, FL Change Additionable of the Control of the Co	10.		AND DIREC				ADDITION	CHANGES TO OF	FICERS AND		
TRIET ADDRESS TITY-ST-ZIP REARTOW, FL TITE D BARTOW, FL TITE DOWNAME BLOUNT, WALKER E., JR. 1105 BOUGAINVILLEA WAY, EAST BARTOW, FL TITE D Delete TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE D ONDER: STREET ADDRESS GITY-ST-ZIP TITLE D ONDER: STREET ADDRESS GITY-ST-ZIP TITLE AMA STREET ADDRESS GITY-ST-ZIP TITLE MAME STREET ADDRESS GITY-ST-ZIP	TRILET ADDRESS ATTY-ST-2P BARTOW, FL Debete BLOUNT, WALKER E., JR. TITLE MAKE BIDOUNT, WALKER E., JR. TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE JOYNER, JENNIFER B. STREET ADDRESS CITY-ST-2P TITLE MAKE	TITLE NAME			Delete	1					Change	Additio
TILE AAAE BLOUNT, WALKER E., JR. TIRET ADDRESS TITS-ST-ZIP BARTOW, FL TILE D Delete TITLE NAME STREET ADDRESS TITS-ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME SITERET ADDRESS CITY-ST-2IP TITLE NAME STREET	STREET ADDRESS	· '									
BLOUNT, WALKER E., JR. 1105 BOUGAINVILLEA WAY, EAST BARTOW, FL ITILE JOYNER, JENNIFER B. 2275 W HELEN CIRCLE STREET ADDRESS SITY-ST-ZIP BARTOW, FL Clange Addition Addition Change Addition Change Addition Addition	BLOUNT, WALKER E., JR. ITHE BOUGAINVILLEA WAY, EAST BARTOW, FL ITHE D JOYNER, JENNIFER B. JOYNER, JENNIFER B. 2275 W HELEN CIRCLE BARTOW, FL ITHE Delete ITHE Delete ITHE Delete ITHE Delete ITHE MAME STREET ADDRESS CITY-51-2IP ITHE MAME	CITY-ST-ZIP	·			-1-						
TREET ADDRESS SITY-ST-ZIP BARTOW, FL TILE DAMAE JOYNER, JENNIFER B. 2275 W HELEN CIRCLE BARTOW, FL TILE AMAE SITRET ADDRESS SITRET ADDRESS SITY-ST-ZIP BARTOW, FL TILE AMAE SITRET ADDRESS SITY-ST-ZIP Delete TITLE AMAE SITRET ADDRESS CITY-ST-ZIP TITLE SITRET ADDRESS CITY-ST-ZIP	STREET ADDRESS DITY-ST-ZIP Delete De	TITLE NASAE	1 =		Delete						L Change	∐ Additio
TITLE JOYNER, JENNIFER B. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	DOYNER, JENNIFER B. JOYNER, JENNIFER JENN	STREET ADDRESS	· '	, EAST			· 1					
AAME STREET ADDRESS CITY-ST-ZIP TITLE AAME STREET ADDRESS CITY-ST-ZIP	JOYNER, JENNIFER B. 2275 W HELEN CIRCLE SIRET ADDRESS CITY-ST-ZIP BARTOW, FL Delete ITILE	CITY-ST-ZIP				CITY	r-S1-ZIP					
STREET ADDRESS CITY-ST-ZIP BARTOW, FL Change Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP BARTOW, FL Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TILL NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILL NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILL NAME STREET ADDRESS CITY-ST-ZIP COMPANIE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILL NAME STREET ADDRESS CITY-ST-ZIP COMPANIE STR	TITLE	_		Delete		l.				Change	Additio
CITY-ST-ZIP BARTOW, FL CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE INTERET ADDRESS CITY-ST-ZIP INTERET ADDRE	CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME						1					
NAME STREET ADDRESS CITY-ST-ZIP ITILE AAME STREET ADDRESS CITY-ST-ZIP ITILE AAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP Delete	CITY-ST-ZIP	1									
STREET ADDRESS CITY-ST-ZIP TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE STRE	TITLE		,	☐ Delete	1					☐ Change	Addition
CITY-ST-ZIP	CITY-ST-ZIP 10. L hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachapter with an address, with all other like empowered.	NAME					1					
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCTANGE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change City-ST-ZIP City-ST-ZIP City-ST-ZIP Addition Change City-ST-ZIP Contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachore it with an address, with all other like empowered.	CITY-ST-ZIP										
STREET ADDRESS CITY-ST-ZIP INTLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP Delete INTLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachore it with an address, with all other like empowered.	TITLE			☐ Delete	TITE	LE			**	Change	Addition
CITY-ST-ZIP	CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP 1. L hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attacharent with an address, with all other like empowered.	NAME					i					
THILE Delets TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP	INTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachorent with an address, with all other like empowered.											
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachore it with an address, with all other like empowered.				□ Delete			-			Change	Additi
CITY-ST-ZIP . CITY-ST-ZIP	CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachage it with an address, with all other like empowered.	NAME			Dolar						_ ,	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachorent with an address, with all other like empowered.		STREET ADDRESS CITY-ST-ZIP				CIT	Y-S1-ZIP					
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dain; that I am an officer of offecto 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.		12. I hereby	certify that the information supplied	d with this fil	ing does not qualify	for the ex	xemptions conta	ained in Chapter	19, Florida Statutes	. I further cer	tify that the i	nformation
cnanged, or on an attachment with an address, with all other like empowered.		of the co	on this report or supplemental representation or the receiver or trustee	empowered	to execute this repo	rt as requ	ature shall have uired by Chapte	r 607, Florida Stat	utes; and that my na	me appears	in Block 10 o	r Block 11
1/ 🙃	SIGNATURE: Xa 76 July DOS GARY L JULYART DOS 1-24-2008 863-533-0389	changed	i, or on an attachprent with an addr	ess, with all	outer like empowere	u.						