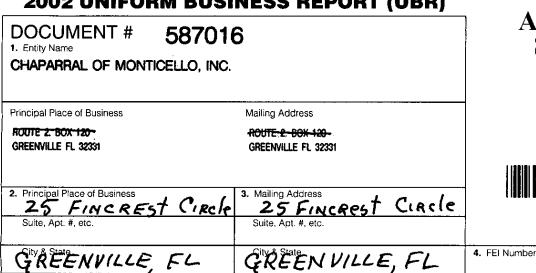
Applied For

Not Applicable

04-22-2002	90102	003	***1	50.00
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DO NOT WRITE IN THIS SPACE

59-1892870

323	31.	Jetter son	² 32331	Jet	Perso	U 5. (Certificate of Status Desired [☐ ⊅8./5 Ade Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
- NOUTE 2	, JOHN N , JOX 120 LLE FL 323	•			Name Street Addre	FIN PSS (P.O.B 5 F	LAYSON JO Box Number is Not Acceptable) INCROST		
8. The above	Aba	y submits this statement for the	aifin		ed Affice or reg		ent, or both, in the State of Florida	FL 2320	33(
Tax filing		ible to satisfy its Intangible and elects to do so.	FILE NOV After May 1, 2 Make Check Pay	2002 Fee v			10. Election Campaign Financi Trust Fund Contribution.	~ ~	May Be
11.	I	OFFICERS AND DIF		12.		AD	DITIONS/CHANGES TO OFFICER		
NAME STREET ADDRESS CITY-ST-ZIP	PD WESTBRO P.O. BOX MONTICE		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FINLAYSO FT-2-BOX GREENVIL	N, JOHN M 129 25 FINCRE LEFL	□ Delete		1			☐ Change	☐ Addition
TITLE NAME — STREET ADDRESS CITY-ST-ZIP			Delete		I .		and the second s	☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11 (1) 11 (1) (1) (1) 17/9 (1)	☐ Delete					☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition
indicated of the cor	on this repor poration or th	t or supplemental report is tru	e and accurate and that red to execute this repo	t my signatu rt as require	ure shall have t	the same le	119.07(3)(i), Florida Statutes. I furlt egal effect as if made under oath; da Statutes; and that my name ap	that I am an officer	or director