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Zei         Trust Fund Contribution         Added to Fpees           Zip         Zip         Country         B. This organization overs or has paid the current ver intaribilic           9. Name and Address of Current Registered Agent         Structure         10. Name and Address of New Registered Agent           TERRY, WILLIAM M.         10050 NORIEGA DR.         Personal Property Tax due June 20.         Version           PENSACOLA FL 32514         81         Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           Pursuant to the provisions of Sectors 607.0502 and 607.1508. Florida Statules, the above-named corporation subhils hits statement for the purpose of changing its registered agent.         B6         Zip Code           Pursuant to the provisions of Sectors 607.0502 and 607.1508. Florida Statules, the above-named corporation subhils hits statement for the purpose of changing its registered agent.         B6         Zip Code           NMTURE         Spress Address of Controls. Such density fue corporation subhils bits statement for the purpose of changing its registered agent.         Intel Code         DET           OPPCERS AND DIFECTORS         13.         ADDITIONS/CHANNGES TO OFFICERS AND DIFECTORS         Addition           TAROUSS         13.0550. NORHEGA DRIVE         11.0550.         Addition         Disage         Addition           Strater Address         20.0570.0571.0572.         11.057.0572.0571.0572	Zei         Trust Fund Contribution         Added to Fpees           Zip         Zip         Country         B. This organization overs or has paid the current ver intaribilic           9. Name and Address of Current Registered Agent         Structure         10. Name and Address of New Registered Agent           TERRY, WILLIAM M.         10050 NORIEGA DR.         Personal Property Tax due June 20.         Version           PENSACOLA FL 32514         81         Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           Pursuant to the provisions of Sectors 607.0502 and 607.1508. Florida Statules, the above-named corporation subhils hits statement for the purpose of changing its registered agent.         B6         Zip Code           Pursuant to the provisions of Sectors 607.0502 and 607.1508. Florida Statules, the above-named corporation subhils hits statement for the purpose of changing its registered agent.         B6         Zip Code           NMTURE         Spress Address of Controls. Such density fue corporation subhils bits statement for the purpose of changing its registered agent.         Intel Code         DET           OPPCERS AND DIFECTORS         13.         ADDITIONS/CHANNGES TO OFFICERS AND DIFECTORS         Addition           TAROUSS         13.0550. NORHEGA DRIVE         11.0550.         Addition         Disage         Addition           Strater Address         20.0570.0571.0572.         11.057.0572.0571.0572		······································	27		5. Certificate of Status Desired	+ + · · · · · · · · · · · · · · · · · ·
Zip     Country     Zip     Country     8. This exponention owne or has paid the current year Intanglotio Personal Property Tax due June 30.     Yes     No       9. Name and Address of Current Registered Agent     10. Name and Address of New Finglistered Agent     Yes     No       10050 NOREGA DR. PENSACOLA FL 32514     81     Namo     Address (P.O. Box Number is Not Acceptable)       84     City     Fill     Street Address (P.O. Box Number is Not Acceptable)       9. Name and Address of Socilons 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ant matimal with, and acceptable the obligation of Socilons 607.0502. Forda Statutes, the above-named corporation's bard of directors. I hereby accept the spointment as registered agent. I ant matimal with, and acceptable the obligation of Socilons 607.0502. Forda Statutes, the above-named corporation's bard of directors. I hereby accept the spointment as registered agent. I ant matimal with, and acceptable the obligation of Socie Corporation's bard of directors. I hereby accept the spointment as registered agent. I ant matimal with, and accept the obligation of Socie Corporation's bard of directors. I hereby accept the spointment as registered agent. I ant matimal with and accept the obligation of Socie Corporation's bard of directors. I hereby accept the spointment as registered agent ant antempt of socie Corporation of Socie Corporation's bard of directors. I hereby accept the spointment as registered agent. I antempt of socie Corporation's bard of directors. I hereby accept the spointment as registered agent antempt of socie Corporation's bard of directors. I hereby accept the spointempt of socie Corept of the obligatis and the spoint of	Zip     Country     Zip     Country     8. This exponention owne or has paid the current year Intanglotio Personal Property Tax due June 30.     Yes     No       9. Name and Address of Current Registered Agent     10. Name and Address of New Finglistered Agent     Yes     No       10050 NOREGA DR. PENSACOLA FL 32514     81     Namo     Address (P.O. Box Number is Not Acceptable)       84     City     Fill     Street Address (P.O. Box Number is Not Acceptable)       9. Name and Address of Socilons 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I ant matimal with, and acceptable the obligation of Socilons 607.0502. Forda Statutes, the above-named corporation's bard of directors. I hereby accept the spointment as registered agent. I ant matimal with, and acceptable the obligation of Socilons 607.0502. Forda Statutes, the above-named corporation's bard of directors. I hereby accept the spointment as registered agent. I ant matimal with, and acceptable the obligation of Socie Corporation's bard of directors. I hereby accept the spointment as registered agent. I ant matimal with, and accept the obligation of Socie Corporation's bard of directors. I hereby accept the spointment as registered agent. I ant matimal with and accept the obligation of Socie Corporation's bard of directors. I hereby accept the spointment as registered agent ant antempt of socie Corporation of Socie Corporation's bard of directors. I hereby accept the spointment as registered agent. I antempt of socie Corporation's bard of directors. I hereby accept the spointment as registered agent antempt of socie Corporation's bard of directors. I hereby accept the spointempt of socie Corept of the obligatis and the spoint of	City & State					
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Prisuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-nemed corporation submits this statement for the purple of changing its registered of office or registered agent, and table in explained as a suborized by the corporation's board of directors. I hereby accept the appointment as registered agent and table in applicable.           INATURE         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           INATURE         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           INATURE         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           INATURE         DELIFE         11 ITLE         Change         Addition           If Address         128MME         128MME         128MME         128MME           If Address         138TEXT MORESS         24 OTF: ST-2P         Change         Addition           If Address         23 STRET MORESS         24 OTF: ST-2P         Change         Addition           If Address         24 OTF: ST-2P         Change         Addition           If Address         35 STRET MORESS         35 STRET MORESS         35 STRET MORESS         35 STRET MORESS           ST-2P         DELEFE         11 TTLE         Change         Addition           If Address         35 STRET MORESS	Prisuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-nemed corporation submits this statement for the purple of changing its registered of office or registered agent, and table in explained as a suborized by the corporation's board of directors. I hereby accept the appointment as registered agent and table in applicable.           INATURE         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           INATURE         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           INATURE         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           INATURE         DELIFE         11 ITLE         Change         Addition           If Address         128MME         128MME         128MME         128MME           If Address         138TEXT MORESS         24 OTF: ST-2P         Change         Addition           If Address         23 STRET MORESS         24 OTF: ST-2P         Change         Addition           If Address         24 OTF: ST-2P         Change         Addition           If Address         35 STRET MORESS         35 STRET MORESS         35 STRET MORESS         35 STRET MORESS           ST-2P         DELEFE         11 TTLE         Change         Addition           If Address         35 STRET MORESS					dress (P.O. Box Number is Not Acceptable)	
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EE       22 NAME         EET ADDRESS       2.3 STREET ADDRESS         /-ST-ZIP       2.4 CITY-ST-ZIP         E       2.3 STREET ADDRESS         /-ST-ZIP       2.4 CITY-ST-ZIP         EET ADDRESS       3.3 STREET ADDRESS        ST-ZIP       3.4 CITY-ST-ZIP         EE       2.4 CITY-ST-ZIP         Addition       3.2 STREET ADDRESS        ST-ZIP	EE       22 NAME         EET ADDRESS       2.3 STREET ADDRESS         /-ST-ZIP       2.4 CITY-ST-ZIP         E       2.3 STREET ADDRESS         /-ST-ZIP       2.4 CITY-ST-ZIP         EET ADDRESS       3.3 STREET ADDRESS        ST-ZIP       3.4 CITY-ST-ZIP         EE       2.4 CITY-ST-ZIP         Addition       3.2 STREET ADDRESS        ST-ZIP	E F	DEFICERS AN OFFICERS AN PD TERRY, WILLIAM M. 10050 NORIEGA DRIVE	ent and title if applicable. (NOTE.	Registered Agent signature required agent signature required agent signature required agent ag	ufred when reinstating) DAT	E AND DIRECTORS IN 12
-ST-ZIP       2.4 CITY-ST-ZIP         E       DELETE       31 TITLE       Change       Addition         LET ADDRESS       3.3 STREET ADDRESS       3.3 STREET ADDRESS         -ST-ZIP       3.4 CITY-ST-ZIP       Change       Addition         E       DELETE       4.1 TITLE       Change       Addition         LE       DELETE       5.1 TITLE       Change       Addition         LE       DELETE       5.1 TITLE       Change       Addition         LE       S2 NAME       S3 STRET ADDRESS       S3 STRET ADDRESS       S3 STRET ADDRESS         -S1-ZIP       S2 NAME       S3 STRET ADDRESS       S3 STRET ADDRESS       S3 STRET ADDRESS         -S1-ZIP       DELETE       E       S1 TITLE       Change       Addition         LE       DELETE       E       S1 TITLE	-ST-ZIP       2.4 CITY-ST-ZIP         E       DELETE       31 TITLE       Change       Addition         LET ADDRESS       3.3 STREET ADDRESS       3.3 STREET ADDRESS         -ST-ZIP       3.4 CITY-ST-ZIP       Change       Addition         E       DELETE       4.1 TITLE       Change       Addition         LE       DELETE       5.1 TITLE       Change       Addition         LE       DELETE       5.1 TITLE       Change       Addition         LE       S2 NAME       S3 STRET ADDRESS       S3 STRET ADDRESS       S3 STRET ADDRESS         -S1-ZIP       S2 NAME       S3 STRET ADDRESS       S3 STRET ADDRESS       S3 STRET ADDRESS         -S1-ZIP       DELETE       E       S1 TITLE       Change       Addition         LE       DELETE       E       S1 TITLE	SNATURE E F IE 7 EET ADDRESS 7 (-ST-ZIP	DEFICERS AN OFFICERS AN PD TERRY, WILLIAM M. 10050 NORIEGA DRIVE	ant and title if applicable. (NOTE.	Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY - ST- ZIP	ufred when reinstating) DAT	E AND DIRECTORS IN 12 Change Addition
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S.4. CTTY-ST-ZIP         E	S.4. CTTY-ST-ZIP         E	E FILE	DEFICERS AN OFFICERS AN PD TERRY, WILLIAM M. 10050 NORIEGA DRIVE	ID DIRECTORS	Registered Agent Signature requ 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	ufred when reinstating) DAT	E AND DIRECTORS IN 12 Change Addition
HE     4.2 NAME       EET ADDRESS     4.3 STREET ADDRESS      ST-ZIP     4.4 CTY-ST-ZIP       E     DELETE       5.1 TITLE     STREET ADDRESS       4.2 NAME     5.2 NAME       5.2 NAME     5.3 STREET ADDRESS       (-ST-ZIP     5.4 CITY-ST-ZIP       E     DELETE       6.3 STREET ADDRESS       (-ST-ZIP       E     6.3 STREET ADDRESS       (-ST-ZIP	HE     4.2 NAME       EET ADDRESS     4.3 STREET ADDRESS      ST-ZIP     4.4 CTY-ST-ZIP       E     DELETE       5.1 TITLE     STREET ADDRESS       4.2 NAME     5.2 NAME       5.2 NAME     5.3 STREET ADDRESS       (-ST-ZIP     5.4 CITY-ST-ZIP       E     DELETE       6.3 STREET ADDRESS       (-ST-ZIP       E     6.3 STREET ADDRESS       (-ST-ZIP	SIGNATURE         Sign           E         F           RE         T           EET ADDRESS         T           E         F           E         E           ET ADDRESS         T           E         F           E         E           E         E           E         E           E         E           E         E           E         E	DEFICERS AN OFFICERS AN PD TERRY, WILLIAM M. 10050 NORIEGA DRIVE	ID DIRECTORS	Registered Agent signature requ 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	ufred when reinstating) DAT	E AND DIRECTORS IN 12 Change Addition
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	. 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 affect a director of the properties of the p	SINATURE         Sign           E         I           AE         I           AE         I           AE         I           AE         I           AE         I           C-ST-ZIP         I           E         I           EE         I           IE         I           EE         I           IE         I           EE         I           IE         I	DEFICERS AN OFFICERS AN PD TERRY, WILLIAM M. 10050 NORIEGA DRIVE		Registered Agent signature requirements         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         3.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         5.1 TITLE         6.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.2 NAME	ufred when reinstating) DAT	E AND DIRECTORS IN 12

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