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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the information.	or registere familiar with signATURE s 12. IIE AME SIREET ADDRESS OTY - ST - ZIP IIE SIREET ADDRESS OTY - ST - ZIP	ad agent, or both, in the State of n, and accept the obligations of, Synthet, bact or profestrations OFFICER: PD WILLIAMS, JOHN R 6102 TIPPIN AVENUE	If Florida, Such c , Section 607.05 May-ni and the Lay- IS AND DIRE C11	change was authorize 505, Florida Stalutes deate ORS DELETE	S. the above-named corpol of by the corporation's boat 13. 1.1 TiTLF 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLF 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ard of directors. I hereby accept the approximation of the second s	FL pose of changing its registered off ointment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition