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. I do 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 path; this	Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the ShATUHE Signature hybrid or preventioned of registered OFFICER PD CANNAVA, JOHN EDWAR S840 YOUNGQUIST ROAL FT. MYERS FL E V FOOR, TERRY G S840 YOUNGQUIST RD FT MYERS FL E ST LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E ST LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E ST LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E ST LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E LANDIS, BONITA J. S840 YOUNGQUIST ROAL FT. MYERS FL E	end agent and little + ap RS AND DIRECTO D	PACADAR (NOTE PRS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City s. the above-named corporation corporation uthorized by the corporation statutes. Registered Agent signature required 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 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.5 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 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 6.2 NAME 6.2 NAME	ired when reinstating)	Image Image Im