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- ST-ZIP 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 officer or director of 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	GNATURE	Signature typed or printed name of registered OFFICERS / PD DANNELLY,WILLIAM M 103 N. LEE ST.	egent and ton if applicable (NC AND DIRE CTORS DELETE DELETE DELETE DELETE DELETE	Ites, the above authorized E lorida Statute lorida Statute 10 and 13, 11 TITLE 1,2 NAME 1,3 STREE 1,4 CITY-2 1 TITLE 2,2 NAME 2,3 STREE 2,4 CITY-3 1 TITLE 3,2 NAME 3,3 STREE 3,4 CITY-4,1 TITLE 4,2 NAME 4,3 STREE 4,4 CITY-5,1 TITLE 5,2 NAME 5,3 STREE 5,4 CITY-1,2 NAME 5,3 STREE 5,4 STREE 5,4 STREE 5,5 STREE 5,4 STRE	Ve-named Corr py the corporations is. In ADDRESS ST-ZIP T ADDRESS -ST-ZIP T ADDRESS -ST-ZIP T ADDRESS -ST-ZIP T ADDRESS -ST-ZIP T ADDRESS -ST-ZIP	Irod when reinstating)	PL purpose of change parte ICERS AND DIREC Change Chang	ing its registered nt as registered CTORS IN 12 CTORS IN 12 ange Addition ange Addition ange Addition ange Addition
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