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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	office of re agent. I ar GNATURIE	agistered agent, or bolin m familiar with, and acc Signature, typed or printed nen CAMPBELL, JOHN 1333 GOLF DRIVE FORT MYERS FL D CAMPBELL, JANET 1333 GOLF DRIVE FORT MYERS FL P CAMPBELL, GEOR 14600 S TAMIAMI FT MYERS FL VSD CAMPBELL, CLARII 14600 STAMIAMI T	W. GER TRAIL	Iorida. Such change was au s of, Section 607.0505, Flori Stitle if applicable. (NOTE DIRECTORS DELETE	Fork is, the above-named contriburized by the corporal da Statutes. Registered Agent signature required as the corporal da Statutes. 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 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	poration submit; this statement for the p ion's board of d rectors. I hereby accept ed when reinstating)	FI_ 3.3 cm urpose (f changing its i the appointment as reg DATE CERS A ND DIRECTOR Change Change Change Change Change Change	R S IN 12 Addition