FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90069 001 ***150.00

797-868-1600

2-25-99_

CARVER HOMES, INC. Principal Place of Business 18225 MONTOUR DR. HUDSON FL 34667 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/05/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1908063 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required	DOCUN	MENT # 623850)			
Mailing Address Name Name	1. Corporation	Name				
### August 1	Principal Place	of Business	Mailing Address			J (MDHA BILLD 11000 1110) 18101 BILL BIRL BERT BERT BERT BERT BERT BERT BERT BERT
2. Principal Place of Business Zar. Melling Audirees April 1960 Not Yield For Qualified 06/05/1979 New Applicable For Solidary Audirees April 1960 Not Member Applied For Solidary Audirees Applied For Solidary April 1960 Not Applicable For Solidary Applied For Solidary Applied For Solidary April 1960 Not Applicable For Solidary Applied For Solidary A	18225 MONTOU	R DR.				
Principal Place of Business 2a Melling Address 4. FEH humber 59-1908068 1. Number	HUDSON FL 346	667	HUDSON FL 34667			DO NOT WRITE IN THIS SPACE
2. Mailing Authress 2. Mailing Authress 3. Feb Number 3. Applied For 59-18/88/65 3. Not Applied For 59-18/88/65 3. Certificate of Status Desired 58.7.5 Actional Fee Required 58.7.5 Actional Fee Required						3. Date Incorporated or Qualifed
Suite, Apt. #, etc. Suite, Apt. #, etc.						06/05/1979
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. S. Certificate of Status Desired S8.75 Addition of Status Desired S8.75 Addition of Status Desired S8.675 Addition of	2. Principal Place of Business 2a. Mailing Ad					
Score Status Status Status City & State City & State Status	21					
CLIV & State Colly & State 28	Suite, Apt. #	#, etc.	· ·	¬ '		E Contiforto of Ctatus Decired
28	22 Charles					
2p		•	<u>├</u> ┐ ′			
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 19. Name and Addres		Country		Zip Country		
9. Name and Address of New Registered Agent CARNER, LINDA 18225 MONTOUR DR. HUDSON FL 34667 11. Pursuant to the provisions of Sections 807 0502 and 607.1508, Florida Statulas, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids, Subtrictioning was subtricted by the corporation's board of directors. I hereby accept the obligation of Section 807 0502 and 607.1508, Florida Statulas, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids, Subtrictioning was subtricted by the corporation's board of directors. I hereby accept the obligation of Section 87.958, Florida Statulas, the above-named corporation submits this statement for the purpose of changing its registered of little or registered accept the obligation of Section 87.958, Florida Statulas, the above-named corporation submits this statement for the purpose of changing its registered of little or registered accept the obligation of Section 87.958, Florida Statulas, the above-named corporation submits this statement for the purpose of changing its registered of little or registered accept the obligation of directors. I hereby accept the purpose of changing its registered section of directors. I hereby accept the purpose of changing its registered accept the purpose of changing its registered accept the purpose of change accept the purpose of chan		r— ·	├ ─ '	30		mer man
CARVER, LINDA 18225 MONTOUR DR. HUDSON FL 34667 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as neglishered agent, and accept the obligation of, Section 037.4505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN TITLE 10. ANAWE 12. NAME 22. MONTOUR DR. 13. STREET ADDRESS 14. CITY, 51.72P 10. DELETE 27. TITLE 27. TITLE 27. TITLE 27. TITLE 37. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ORAYER, LINDA 28. STREET ADDRESS 4.1. CITY, 51.72P 10. DELETE 27. TITLE 27. TI			nt Registered Agent			10. Name and Address of New Registered Agent
11. Pursuant to the provisions of Sections 607 6502 and 607 1509. Florids Statutes. The above-named corporation submits this statement for the purpose of changing like registered agent, or both in the Statute Statutes, such above-named corporation submits this statement for the purpose of changing like registered ordice or registered agent, or both in the Statute Statutes, such above-named corporation submits this statement for the purpose of changing like registered ordice or registered agent, or both in the Statute Statutes, such above-named corporations submits this statement for the purpose of changing its registered ordice or registered agent, or both in the Statute Statutes, such advances to corporations beard or directors. I hereby accept the appointment as registered ordices or registered agent, and the statutes of the purpose of changing its registered ordices or registered agent, and the statutes of the purpose of changing its registered ordices or registered agent, and the statutes of the purpose of changing its registered ordices or registered agent, and the statutes of the purpose of changing its registered ordices or registered agent. I am familiar with, and accept the obligations of school 607 650 for School 607 6		en inni			81 Name	
### City ### FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,6002 and 607,1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing as registered office or registered agent, or both, the State of Florida, Such chance was autume, the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Commission Comm					82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PO CARVER, JONATHAN 12. NAME CARVER, JONATHAN 12. NAME STRETADRESS STRETADRESS STRETADRESS CITY-51-2P TITLE V CARVER, LINDA 13. STRETADRESS CITY-51-2P TITLE V CARVER, LINDA 22. NAME 13. STRETADRESS CITY-51-2P CARVER, LINDA 23. STREET ADDRESS CITY-51-2P TITLE V CARVER, JONATHON 0 18225 MONTOUR DR. 13. STRETADRESS CITY-51-2P CARVER, JONATHON 0 18225 MONTOUR DR. 13. STRETADRESS CITY-51-2P CARVER, JONATHON 0 18225 MONTOUR DR. 13. STREET ADDRESS CITY-51-2P CARVER, JONATHON 0 18225 MONTOUR DR. 13. STREET ADDRESS CITY-51-2P CARVER, JONATHON 0 18225 MONTOUR DR. 13. STREET ADDRESS CITY-51-2P CARVER, JONATHON 0 18225 MONTOUR DR. 14. TITLE CARVER, JONATHON 0 18225 MONTOUR DR. 13. STREET ADDRESS CITY-51-2P CARVER, JONATHON 0 18225 MONTOUR DR. 13. STREET ADDRESS CITY-51-2P CARVER, JONATHON 0 18225 MONTOUR DR. 13. STREET ADDRESS CITY-51-2P Change Additor Additor Change Additor Chang					03	
T1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agent and the specialism of t	пор	SUN FL 34001			831	
11. Pursuant to the provisions of Sections 607 (502) and 607 (508, Epiride Strutus, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, Stotch change was authorized by the the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (505, Florida Statutes.) SIGNATURE Signature, typed or printed name of registered agent and tills if applications are printed agent and tills in a specific printed agent and tills in a specific printed agent and tills if applications are printed agent and tills in a specific printed agent and tills and tills in a specific printed agent and tills and t					84 City	El 85 Zip Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the displations of Section 807 5095, Priorida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD CARVER, JONATHAN STREET ADDRESS CITY-ST-2P TITLE STD CARVER, LINDA 12.2 NAME 12.2 NAME 13. STREET ADDRESS CITY-ST-2P TITLE STD CARVER, LINDA 12.2 NAME 12.2 NAME 12.3 STREET ADDRESS CITY-ST-2P TITLE V CARVER, LINDA 12.2 NAME 12.3 STREET ADDRESS CITY-ST-2P TITLE V CARVER, JONATHON O 12.3 NAME 12.4 CITY-ST-2P TITLE V CARVER, JONATHON O 12.4 CITY-ST-2P TITLE V CARVER, JONATHON O 12.4 NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. LITTLE STD CARVER, JONATHON O 13.5 STREET ADDRESS CITY-ST-2P TITLE V CARVER, JONATHON O 13.4 NAME 14.4 CITY-ST-2P TITLE V CARVER, JONATHON O 13.5 STREET ADDRESS CITY-ST-2P TITLE DELETE 4.1 TITLE CARVER, JONATHON O 13.5 STREET ADDRESS CITY-ST-2P TITLE DELETE 4.1 TITLE CARVER, JONATHON O 13.5 STREET ADDRESS CITY-ST-2P CHange Addition Addition CARVER, JONATHON O 13.5 STREET ADDRESS CITY-ST-2P TITLE CARVER, JONATHON O 13.5 STREET ADDRESS CITY-ST-2P TITLE CARVER, JONATHON O 13.5 STREET ADDRESS CITY-ST-2P CHange Addition Addition Addition Addition Addition Addition Addition CARVER, JONATHON O 13.5 STREET ADDRESS CITY-ST-2P TITLE CARVER, JONATHON O CARVER, JONATH	44.5	the minimum of Continue 607.0E	02 and 607 1508 Florida Statu	tor the a	hove-named co	progration submits this statement for the purpose of changing its registered
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE CARVER, JONATHAN 1.2 AMBE 1.2 TITLE CARVER, JONATHAN 1.3 STREET ADDRESS 1.4 CITY-ST-ZP LACTY-ST-ZP LACTY-ST-	office or re	poistered agent, or both, in the State	e of Florida. Such change was a	autnorized	ov the corpora	ation's board of directors. I hereby accept the appointment as registered
Signature, special or promoted amond in graphocal pages in an ordinary of approximation of the processor of	agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	onda Stat	utes.	
TITLE PD DELETE 1.1 TITLE CARVER, JONATHAN 1.3 STREET ADDRESS DO SPICERS AND DIRECTORS IN 12 LINAME 1.3 STREET ADDRESS DO SPICERS AND DIRECTORS IN 12 LINAME 1.3 STREET ADDRESS DO SPICERS MONTOUR DR. 1.3 STREET ADDRESS DELETE 1.1 TITLE 1.3 PAME 1.3 STREET ADDRESS DELETE 1.3 STRE	SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registered	Agent signature req	uired when reinstating) DATE
NAME CARVER, JONATHAN 12 NAME STREET ADDRESS 18225 MONTOUR DR. 13 STREET ADDRESS HUDSON FL 14 CITY-ST-ZP				13.		
STREET ADDRESS CITY-ST-ZIP HUDSON FL 1.4 CITY-ST-ZIP NAME CARVER, LINDA STREET ADDRESS REST ADDRESS CITY-ST-ZIP HUDSON FL 2.7 MARE CARVER, LINDA STREET ADDRESS CITY-ST-ZIP HUDSON FL 2.8 TITLE 3.1 TITLE V CARVER, JONATHON O STREET ADDRESS CITY-ST-ZIP HUDSON FL 3.3 STREET ADDRESS CITY-ST-ZIP HUDSON FL 3.4 CITY-ST-ZIP HUDSON FL 4.1 TITLE A CARVER, JONATHON O STREET ADDRESS CITY-ST-ZIP HUDSON FL 4.1 TITLE A CARVER, JONATHON O STREET ADDRESS CITY-ST-ZIP HUDSON FL 4.1 TITLE A CARVER STREET ADDRESS CITY-ST-ZIP HUDSON FL 5.3 STREET ADDRESS CITY-ST-ZIP HUDSON FL 5.3 STREET ADDRESS CITY-ST-ZIP TITLE CARVER STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE CARVER STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE CARVER STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE CARVER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE CARVER STREET ADDRESS STREET	TITLE	PD	☐ DELETE	1.1 Ti	πE	Change Addition
GITY-ST-ZIP HUDSON FL TITLE STD DELETE 21 TITLE STD STREET ADDRESS 18225 MONTOUR DR. 22 NAME CARVER, LINDA STREET ADDRESS CITY-ST-ZIP HUDSON FL 22 NAME CARVER, JONATHON O STREET ADDRESS TITLE V AME CARVER, JONATHON O STREET ADDRESS HUDSON FL 3.3 STREET ADDRESS CITY-ST-ZIP HUDSON FL 3.4 CITY-ST-ZIP HUDSON FL 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET A	NAME	CARVER, JONATHAN		1.2 N	AME	
TITLE STD DELETE 21 TITLE Change Addition Change Change	STREET ADDRESS			1.3 S	TREET ADDRESS	
TITLE CARVER, LINDA STREET ADDRESS CITY-ST-ZP HUDSON FL CARVER, JONATHON O STREET ADRESS CITY-ST-ZP HUDSON FL CARVER, JONATHON O STREET ADRESS CITY-ST-ZP HUDSON FL CARVER, JONATHON O STREET ADRESS CITY-ST-ZP HUDSON FL STREET ADRESS CITY-ST-ZP HUDSON FL CITY-ST-ZP TITLE ACITY-ST-ZP TITLE ACITY-ST-ZP CITY-ST-ZP CITY-S	CITY-ST-ZIP		Floriere	_		Change Maddition
STREET ADDRESS CITY-ST-ZIP HUDSON FL 2.3 STREET ADDRESS CITY-ST-ZIP HUDSON FL 3.1 TITLE V CARVER, JONATHON O 3.2 NAME CARVER, JONATHON O 3.2 NAME STREET ADDRESS CITY-ST-ZIP HUDSON FL 3.4 CITY-ST-ZIP CHANGE Addition Add	TITLE	·	☐ DELETE	. I		Collaboration College
CITY-ST-ZIP HUDSON FL 2.4 CITY-ST-ZIP TITLE V CARVER, JONATHON O 32 NAME STREET ADDRESS 18225 MONTOUR DR 3.3 STREET ADDRESS CITY-ST-ZIP HUDSON FL 3.4 CITY-ST-ZIP DELETE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE AME 5.5 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE AME 5.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE AME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-S				1 -	-	
TITLE V DELETE 3.1 TITLE 3.1 TITLE Addition NAME CARVER, JONATHON 0 STREET ADDRESS 18225 MONTOUR DR 3.2 NAME STREET ADDRESS CITY-ST-ZIP HUDSON FL 3.4 CITY-ST-ZIP TITLE ADDRESS 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE D						
NAME CARVER, JONATHON O STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE SA CITY-ST-ZIP TITLE DELETE SA CITY-ST-ZIP TITLE SA CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE SA CITY-ST-ZIP TITLE SA STREET ADDRESS CITY-ST-ZIP TITLE SA CITY-ST-ZIP TITLE SA CITY-ST-ZIP TITLE SA STREET ADDRESS CITY-ST-ZIP TITLE SA CITY-ST			□ DELETE			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP HUDSON FL 13.3 STREET ADDRESS 34. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 1.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP CHange Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP	1	•	ن محدداد			
### CITY-ST-ZIP TITLE	1			4	1	
TITLE NAME 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition Addition Addition Change Addition Change Addition A						
NAME STREET ADDRESS CITY-ST-ZIP A4.CITY-ST-ZIP S1.TITLE S2.NAME STREET ADDRESS CITY-ST-ZIP S3.STREET ADDRESS CITY-ST-ZIP S4.CITY-ST-ZIP S4.CITY-ST-ZIP S5.STREET ADDRESS CITY-ST-ZIP S6.STREET ADDRESS CITY-ST-ZIP S7.STREET ADDRESS S7.STREET ADDR			☐ DELETE			☐ Change ☐ Addition
CITY-ST-ZIP LITLE DELETE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP SACITY-ST-ZIP DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect or director of the conversion or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my ame appears in				4.21	IAME	
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition Change Addition Change Addition Change Addition Addition Change Change Addition Change Addition Change Addition Change Change Change Change Change Change Addition Change	STREET ADDRESS			4.3 S	TREET ADDRESS	
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP CHange Addition 6.2 NAME 6.3 STREET ADDRESS CITY- ST-ZIP 14. 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 effect or director of the conversition or the receiver or truestee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my and appears in	CITY-ST-ZIP			_		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHange Addition CHANGE Addition CHANGE Addition Addition 1.1 Inereby 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 effect of the conversition or the receiver of the conversition or the receiver or the state of the conversition or the receiver or the state of the conversition or the receiver or the state of the conversition or the receiver or the state of the conversition. Florida Statutes and that my signature shall have the same legal effect as if made under oath; that I am an effect or of the conversition or the receiver or the state of the conversition. Florida Statutes and that my signature shall have the same legal effect as if made under oath; that I am an effect or of the conversition. Florida Statutes and that my signature shall have the same legal effect as if made under oath; that I am an effect of the conversition. Florida Statutes and that my signature shall have the same legal effect as if made under oath; that I am an effect of the conversition. Florida Statutes and that my signature shall have the same legal effect as if made under oath; that I am an effect of the conversition.	TITLE		☐ DELETE			LI Change Li Addition
SACITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my ame appears in	NAME				ľ	
ITILE DELETE 6.1 TITLE Change Addition	'	la Company			,	
NAME 5TREET ADDRESS CITY-ST-ZIP 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 efficer or director of the conversation on the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in			□ DELETE			☐ Change ☐ Addition
5TREET ADDRESS CITY-ST-ZIP 14. 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 rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficiency of the conversation on the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	1		C) OFFEIG		1	
14. 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 efficer or director of the conversion or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in						
14. 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 efficer or 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				•	ĺ	
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under out, that it will be indicated on this annual report of the composition or the receiver of this chief per property to the composition of the true and accurate and that my native empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	14 Lhoroby	certify that the information supplied v	with this filing does not qualify for	or the exe	emotion stated	n Section 119.07(3)(i), Florida Statutes. I further certify that the information
	indicated of	on this annual report or supplement director of the corporation or the rec	tal annual report is true and acc ceiver or trustee empowered to	urate and execute t	i that my signal his report as re	dure shall have the same legal effect as it made under oath, that I am all during the by Chapter 607. Florida Statutes; and that my name appears in