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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; and officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	office or registered agent, or both, agent. Lamiliar with, and acce is juster by same smoothers. 2. OF TLE VS WARE, TIMOTHY D STIT WASHINGTON S JACKSONVILLE FL TUE PTD WARE, DELANO STIT WASHINGTON S JACKSONVILLE FL TUE JADRESS TY-ST-ZP TUE JADRESS TY-ST-ZP TUE AME INEET ADDRESS TY-ST-ZP TUE AME INEET ADDRESS TY-ST-ZP TUE AME INEET ADDRESS TY-ST-ZP	in the State of Florida. apt the obligations of, S energistered agent and title if a FFICE RS AND DIRECTO ST ST	Such change was a Section 607 0505. Flo relicende. (NOTE ORS DELETE DELETE DELETE DELETE DELETE DELETE	is, the above-named con uthorized by the corpora- rida Statutes. Registered Agent signature requining 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 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ition's board of directors. I hereby acceptive when reinstating)	FL urpose of changing is the appointment as DATE CRAS AND DIRECTOI Change Change	Its registered