

DOCUMENT # 708481

1. Entity Name

Principal Place of Business	Mailing Address
420 NORTH HOWELL POST OFFICE BOX 1630 BROOKSVILLE FL 34605-8630	PO BOX 1630 BROOKSVILLE FL 34605-1630 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For	
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Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

City	Brooksville Florida	FL	Zip Code	34601
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, AARON	
STREET ADDRESS	3485 SATURN RD	
CITY - ST - ZIP	BROOKSVILLE FL 34609	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILCOX, GLENN	
STREET ADDRESS	4960 MOCKINGBIRD DR	
CITY-ST-ZIP	RIDGE MANOR FL 33525	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, WALTER	
STREET ADDRESS	3 PINE STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUBBS, MURRAY	
STREET ADDRESS	23019 GRUBBS ROAD	
CITY - ST - ZIP	BROOKSVILLE FL 34601	

TITLE	D	<input type="checkbox"/> Delete
NAME	KEITH, BILL	
STREET ADDRESS	7161 HOPE HILL RD	
CITY - ST - ZIP	BROOKSVILLE FL 34601	

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EARL PATTERSON		
STREET ADDRESS	9836 DOMINGO DRIVE		
CITY-ST-ZIP	BROOKSVILLE, FL. 34601		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TODD HARRIS		
STREET ADDRESS	1505 DON JR. AVE		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information provided in 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 report or supplemental 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/2000

Date _____

Daytime Phone #

CR2E037 (9/99)