2002 UNIFORM BUS				to the second		
DOCUMENT # 709305 1. Entity Name	~~~					
Micanopy fire dept., inc.		Cath in		FILED	l	
Principal Place of Business	Mailing Address	1		D 2 NOV - 8 - AM	9:56	
704 N.E. CHOLOKKA BLVD. P O BOX 409 MICANOPY FL 32667-0409	PO BOX 409 Micanopy FL 32667-040 US	9		ECRETARY OF		
JS 2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	N THIS SPACE	III UIƏLI IƏVI
City & State	City & State		4. FEI Numbe	*hd=		oplied For
Zip Country	Zip	Country		59-1285912	NO 75	ot Applicable
6. Name and Address of Curren				of Status Desired [See Require	ditional id
		Name		JONES	Stereo Agent	
TALLEY, JOSEPH P		Street	Address (P.O. Box Numbe			
-7016 SE 176TH STREET HAWTHORNE FL 32640			3521 NU	1,104 D	RIVE	
The above period active submits this statement		City	GANESUI	Ile	FL Z	06
The above named entity submits this statement, the obligations of registered agent.	to the purpose of changing i	ts registered office	or registered agent, or bot	n, in the State of Florida	i. I am familiar with, /	and accept
SIGNATURE (meph Hos		- Juni		10/01	8/02	
SIGNATURE Signature, typed or printed name of registered ager	nt and tips if applicable. (No	DTE: Registered Agent sign	naturë reguired when reinstating)	10/01	8/02 date	
	9. Election C	ampaign Financing	-/		2 DATE Check Payable artment of State	
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