PALATKA CHAPTER #2224 OF AMERICAN ASSOCIATION OF A ARP.

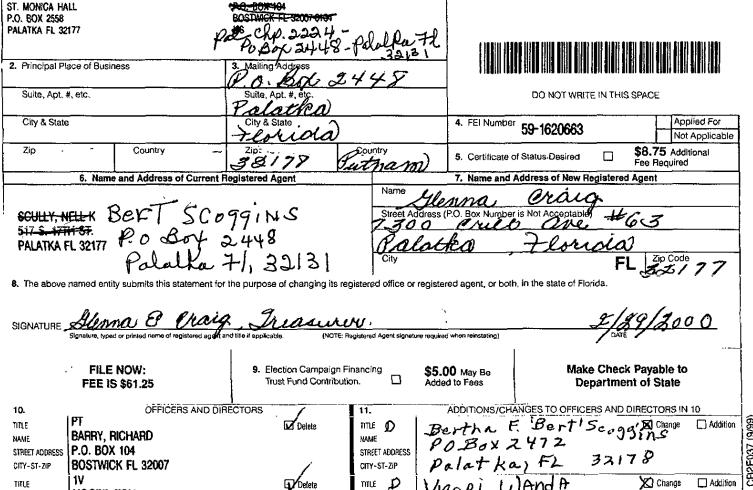
Mailing Address

DOCUMENT # 733668

1. Entity Name

Principal Place of Business

FILED May 12, 2000 8:00 am Secretary of State 03-04-2000 90028 014 ****61.25



Icali, WANDA DBOT 1015 MOORE, TOM NAME RT #1:BOX 5530-STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP ___ Addition Change TITLE □ Delete TITLE CASTO, PATRICIA Ø NAME NAME 218 TRISAIL AVE STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIE CITY-ST-ZIP Chair ☐ Addition TITLE Change BRATE: GLENNA NAME 7300 GEEL AVE #63 STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE BRYANT, DOLORES L NAME NAME RT 5 BOX 2271 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP ☐ Addition TITLE ☐ Change TIRE Delete VICARI, WANDA NAME NAME P.O. BOX 1015 STREET ADDRESS STREET ADDRESS E. PALATKA FL 32131 CITY-ST-ZIP

12. 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 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:

SELECTION RESULTATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/39/2000 (904)325 ZZ