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ESSLINGER, THOMAS H. 147 BELCHER RD, SUITE 4 81 Name 147 BELCHER RD, SUITE 4 83 147 BELCHER RD, SUITE 4 83 147 BELCHER RD, SUITE 4 83 15. Pursuant to the provisions of Socions 617 0502 and 617 1508. Florida Statutes, the above manuel corporation submits this statement for the purpose of onlarging its registered office or registered again, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The entry account the obligations of Socions 617 0502. Florida Statutes. SIGNATURE: Sections 617 0502 and 617 1508. Florida Statutes. SIGNATURE: COFFICERS AND DIFE CLORE. 12. OFFICERS AND DIFE CLORE. 13. FERNBROOKE DR 13. FIFT Repart Advert spontare against and spontal again. Liam State State of Orligon. 14. CITY STLPP ORFICERS AND DIFE CLORE. 15. FERNBROOKE DR 13. FIFT Repart Advert spontare again and again. Liam State State OFFICERS AND DIFE CLORE. 16. State Address State OFFICERS AND DIFE CLORE. 11. THE 17. STLPP COFFICERS AND DIFE CLORE. 18. FERNBROOKE DR 13. FIFT Repart Adverts State State OFFICERS AND DIFE CLORE. 18. State Address 13. FIFT Repart Adverts State OFFICERS AND DIFE CLORE. 18. FERNBROOKE DR 13. FIFT Repart Adverts State OFFICERS AND DIFE CLORE. 19. FIFT Advert Adverts State OFFICERS AND DIFE CLORE. 11. FIFT State Adverts State OFFICERS AND DIFE CLORE. 19. FIF	. 25	29	30	Florida Statutes] Yes 🗆 No
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14. Too hereby 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 it 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	or registered agent, or both, in the State of familiar with, and accept the obligations of SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of CFICEF Signature, typed or printed name of registered agent, or both, in the State of CFICEF II.E Signature, typed or printed name of registered agent, or both, in the State of CFICEF II.E NAME STREET ADDRESS CITY-ST-ZIP II.E NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL TITLE NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL TITLE NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL TITLE NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL TITLE NAME STREET ADDRESS ST. PETERSBURG FL SEC CAVANAUGH, CRAIG STREET N DORESS ST. PETERSBURG FL STREET ADDRESS ST. PETERSBURG FL STREET NESS ST. PETERSBURG FL SEC CAVANAUGH, CRAIG STREET NESS ST. PETERSBURG FL ST. PETERSBURG FL	of Florida Such change was authorize of, Section 617.0503, Florida Statutes. Indiagent and the Lapok atk: (NO RS AND DIRECTORS DELETE H TTE 4 DELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE IDELETE	ed by the corporation s to 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 4.2 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 4.2 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE 63 STREET ADDRESS	ADDITIONS' TANGES TO OFFIC ADDITIONS' TANGES TO OFFIC ADDITIONS' TANGES TO OFFIC Barnett Bank, 600 Clearwater, FL 34 SCIDD1179 -04/26/960101 ***122.50 V.P. D JOBC Schrage 300 First Ave. S. St. Petersburg, FI Sec. D Lynn Meyer First Union Bank Clearwater, FL V.P.D Lucy Chapman WFLA-Radio 4002 A	bose of changing its registered office intment as registered agent. Lam Date CERS AND DIRECTORS IN 12 Change Addition Cleveland St. 4615 Change Addition SSE. 300 Change Addition Ste. 300 L 33701 X Change Addition - 5250 E. Bay Di 34624 Change Addition Gandy Blvd.