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Slopsture typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstabling)	
	g
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	IN 12
NAME THOMPSON, C FREDERICK 12 NAME STREET ADDRESS 4010 NEWBERRY RD #A 1.3 STREET ADDRESS	E037
STREET ADDRESS 4010 NEWBERRY RU #A 1.3 STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 00000 14 CITY-ST-ZIP	
TITLE STD DELETE 2.1 TITLE	Addition
NAME DUKES, JOYCE 22 NAME	
STREET ADDRESS 4010 NEWBERRY RD #A	
CITY-ST-ZIP GAINESVILLE, FL 00000 2.4 CITY-ST-ZIP ITTLE PD DELETE 3.1 TTLE	Addition
NAME ROSKO, GEORGE 32 NAME	
STREET ADDRESS 4010 NEWBERRY RD #A 3.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 3.4. CITY-ST-ZIP	Addition
NAME 4. 2 NAME 4. 3 STREET ADDRESS	
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP	Addition
STREET ADDRESS 6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
	rmation m an
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0). Florida Statutes. I further certary that the information indicated on this annual report or supplemental stratuge report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears Block 12 or Block 13 if changed, or on an stachment with an address, with all other like empowered.	s in

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/99 Date 352-378-4814 Daytime Phone #