Principal Place of Business       1. Maling Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         Oily & Size       - City A Size         2/p       Country         2/p       Country <t< th=""><th>I. Entity Nar</th><th>JMENT # 752171</th><th></th><th></th><th>Ja</th><th><b>an 31, 200</b> Secretary 01-31-2001 90018</th><th>of St</th><th>ate</th></t<>	I. Entity Nar	JMENT # 752171			Ja	<b>an 31, 200</b> Secretary 01-31-2001 90018	of St	ate
Suite, Apt. #, etc.     DO NOT WRITE IN THIS SPACE       City & Size	Principal Pla 1500 (N. BLF STE 207 DCALA FL 34 JS	ICE OF BUSINESS TEHTON JEN. IN BLITHING L 4482	OCALA FL 34482	 D		AN ANNA ANA ANNA ANA ANA ANA ANA ANA AN		
City & State     City & State     Image: State in the intervence of			3. Mailing Address					
Zip     Country     Zip     Country     s. Certificate of Status Desired     \$8,75     Additional Fee Required       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent     Name       SALLOR, JEFFREY L 2245 S.E. 12TH ST OCALA FL 34471     Siteet Address (P.O. Box Number is Not Acceptable)     Siteet Address (P.O. Box Number is Not Acceptable)     Zip Code       The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Horida.     City     FL     Zip Code       GNATURE     Breatine for the purpose of changing its registered form second agent, or both, in the state of Horida.     City     FL     Zip Code       FILE NOW:     P. Exction Campaign Financing Trust Fund Contribution     \$50.00 May Be Added to Fees     Make Check Payable to Department of State       0.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       0.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       0.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       0.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       0.     OCALA FL     Delete     TITE     Make State       0.     OCALA FL     OCALA FL	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				S SPACE	
Zip     Country     Zip     Country     s. Centilicate of Status Desired     \$9,75,Asstandat Fee Required       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     Name       SMLOR, JEFFREY L 2245 S.E. 12TH ST OCALA FL 34471     Street Address (P.O. Box Numbor is Not Acceptable)     Street Address (P.O. Box Numbor is Not Acceptable)       City     FL     Zip Code       The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Hoxica.       GNATURE	City & Sta	ate	- City & State		4. EEI.Number	51-0216916		
S. Name and Address of New Registered Agent	Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Ad	ditional
SALOR, JEFFREY L 2245 S.E. 12TH ST OCALA FL OFFICERS AND DIRECTORS O		6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Ac	dress of New Registered		
2245 S.E. 12TH ST OCALA FL 34471       City       FL       Zip Code         City       FL       Zip Code         The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.         IGNATURE       Beginers, type for an real registered agent and the registered.       POTE: Registered agent, or both, in the state of Florida.         IGNATURE       Beginers, type for an real registered agent and the registered.       POTE: Registered agent, or both, in the state of Florida.         IGNATURE       Beginers, type for an real registered agent and the registered.       POTE: Registered Agent agent, or both, in the state of Florida.         IGNATURE       Image: State agent, and the registered agent, or both, in the state of Florida.       Datts         IGNATURE       Image: State agent, and the registered agent, or both, in the state of Florida.         IE       D       OFFICERS AND DIRECTORS       11.         Addition       Image: State agent, and the registered agent, or both, in the state of Florida.       Datts         IE       D       OFFICERS AND DIRECTORS       11.       Addition         IE       D       Change       Image: State agent, and the registered agent, and the registere	SAIL OR	JEFEBEY I			ss (P.O. Box Number i	s Not Acceptable)	<b>1</b>	
City     FL     Zip Code          City       FL       Zip Code            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.             GNATURE           Equation, typed or order and the if applicable.           (NOTE Regeneed Agent signature examples on)           Date               FILE NOW:           P. Election Campaign Financing         Trust Fund Contribution           S5.00 May Be         Addot to Fees           Make Check Payable to         Department of State             D.           OFFICERS AND DIRECTORS           11.           ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             Use           OFFICERS AND DIRECTORS           11.           Addition             Vistage           OFFICERS AND DIRECTORS           The           Otherse             Vistage           OFFICERS AND DIRECTORS           Delete           The             Vistage           OCALA FL           Ocala           Ocala           Ocala           Change           Addition             Vistage	2245 S.E	. 12TH ST						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Floride.  IGNATURE  Ignature, types or serviced nerve of registered agent are the if epoleable.  PILE NOW: FEE IS \$61.25   OFFICERS AND DIRECTORS  II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  III. ADDITIONS/CHANGES TO OFFICERS AND DIR	ucala f	·L 34471		City		<b>C</b>	Zip Cod	le
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LE       D       Delete       TTLE       NAME       Change       Addition         MEET ADDRESS       627 NE 45 COURT       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CALLA FL       CALA FL	GNATURE	Signature, typed or printed name of registered age						
ME     RUSHLOW, KATHIE     Image     Image <th>IGNATURE</th> <th>Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25</th> <th>9. Election Campaigr Trust Fund Contrib</th> <th>n Financing\$</th> <th>5.00 May Be</th> <th>Make Check</th> <th>Payable to</th> <th> &gt;</th>	IGNATURE	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25	9. Election Campaigr Trust Fund Contrib	n Financing\$	5.00 May Be	Make Check	Payable to	 >
IYY-S1-2IP       OCALA FL       CIY-ST-ZIP         LE       V       □ Delete       TTLE         MEE       GALLIMORE, JAMES E       NAME         STREET ADDRESS       STREET ADDRESS       CIY-ST-ZIP         V       STREET ADDRESS       CIY-ST-ZIP         LE       S       □ Delete       TTLE         ME       BOYER, DARLENE A       □ Delete       TTLE         MEET ADDRESS       3349 NE 28TH AVE       STREET ADDRESS         Y-ST-ZIP       OCALA FL       CIY-ST-ZIP         VE       D       Delete         ME       SAILOR, JEFF       Delete         ME       SAILOR, JEFF       Delete         ME       SAILOR, JEFF       Delete         ME       SAILOR, JEFF       MAME         Y-ST-ZIP       CIY-ST-ZIP         VE       D       CHAL FL         OCALA FL       CIY-ST-ZIP         VE       D       CHAL FL         V-ST-ZIP       TTLE       NAME         STREET ADDRESS       STREET ADDRESS       CIY-ST-ZIP         VE       D       Delete       TTLE         MAE       STREET ADDRESS       CIY-ST-ZIP         VE       D	).	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND I	9. Election Campaigr Trust Fund Contrib DIRECTORS	n Financing \$8 bution. Ad	5.00 May Be ded to Fees	Make Check Departmer	A Payable to the of State	J 10
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LE       S       Delete       TITLE       Change       Addition         ME       BOYER, DARLENE A       NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         V-ST-ZIP       OCALA FL       D       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         .E       D       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         AE       SAILOR, JEFF       Delete       TITLE       NAME       STREET ADDRESS       Change       Addition         AF-ST-ZIP       OCALA FL       Delete       TITLE       NAME       STREET ADDRESS       Addition         AF-ST-ZIP       OCALA FL       Delete       TITLE       NAME       Addition         AE       CRAWFORD, KRISTIN       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         AE       D       CALA FL 34480       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         F-ST-ZIP       OCALA FL 34480       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         AE       D       Delete	I. LE ME REET ADDRESS Y-ST-ZIP LE	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND I D RUSHLOW, KATHIE 627 NE 45 COURT OCALA FL V	9. Election Campaigr Trust Fund Contrib DIRECTORS	TITLE	5.00 May Be ded to Fees	Make Check Departmer	C Payable to the of State DIRECTORS IN Change	J 10
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Y-ST-ZIP       OCALA FL       CITY-ST-ZIP         LE       D       Delete       TITLE         ME       SAILOR, JEFF       NAME         P.O. BOX 759 NA       STREET ADDRESS         OCALA FL       CTY-ST-ZIP         D       Delete         V-ST-ZIP       D         OCALA FL       Delete         V-ST-ZIP       CRAWFORD, KRISTIN         KEET ADDRESS       3515 SE 41 PL         OCALA FL 34480       CITY-ST-ZIP         LE       D         V-ST-ZIP       Delete         V-ST-ZIP       Delete         V-ST-ZIP       Delete         V-ST-ZIP       Delete         V-ST-ZIP       Delete         V-ST-ZIP       Change         V-ST-ZIP       Change         V-ST-ZIP       Change         V-ST-ZIP       Change         V-ST-ZIP       Change         V-ST-ZIP       Delete         V-E       D         V-E       D         V-E       D         V-ST-ZIP       Delete         NAME       STRET ADDRESS         GOO SE 35TH ST       STRET ADDRESS         V-ST-ZIP       CHAA FL <td>). LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP</td> <td>Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND D RUSHLOW, KATHIE 627 NE 45 COURT OCALA FL V GALLIMORE, JAMES E 924 NE 42ND TERR OCALA FL</td> <td>9. Election Campaigr Trust Fund Contrib DIRECTORS</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>5.00 May Be ded to Fees</td> <td>Make Check Departmer</td> <td>Charge</td> <td>J 10 Addition</td>	). LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND D RUSHLOW, KATHIE 627 NE 45 COURT OCALA FL V GALLIMORE, JAMES E 924 NE 42ND TERR OCALA FL	9. Election Campaigr Trust Fund Contrib DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.00 May Be ded to Fees	Make Check Departmer	Charge	J 10 Addition
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LE     D     Delete     TITLE     Change     Addition       WE     CRAWFORD, KRISTIN     NAME     NAME     NAME     NAME     NAME       VEET ADDRESS     3515 SE 41 PL     STREET ADDRESS     STREET ADDRESS     CITY-ST-ZIP     Change     Addition       LE     D     Delete     TITLE     Change     Addition       AE     BARNETT, MICHAEL D     Delete     TITLE     Change     Addition       KET ADDRESS     600 SE 35TH ST     STREET ADDRESS     STREET ADDRESS     STREET ADDRESS       Y-ST-ZIP     OCALA FL     CITY-ST-ZIP     CITY-ST-ZIP     STREET ADDRESS	D. LE REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND E D RUSHLOW, KATHIE 627 NE 45 COURT OCALA FL V GALLIMORE, JAMES E 924 NE 42ND TERR OCALA FL S BOYER, DARLENE A 3349 NE 28TH AVE OCALA FL D	9. Election Campaigr Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5.00 May Be ded to Fees	Make Check Departmer	Change	J 10 Addition
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. 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	D. ILE ME REET ADDRESS IY - ST - ZIP ILE ME REET ADDRESS Y - ST - ZIP	Signature. typed or printed name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND I D RUSHLOW, KATHIE 627 NE 45 COURT OCALA FL V GALLIMORE, JAMES E 924 NE 42ND TERR OCALA FL S BOYER, DARLENE A 3349 NE 28TH AVE OCALA FL D SAILOR, JEFF P.O. BOX 759 NA OCALA FL D CRAWFORD, KRISTIN 3515 SE 41 PL OCALA FL 34480 D BARNETT, MICHAEL D 600 SE 35TH ST OCALA FL	9. Election Campaigr Trust Fund Contrib DIRECTORS	n Financing       \$8         nution.       III.         11.       IITLE         NAME       STREET ADDRESS         CITY-ST-ZIP       IITLE	5.00 May Be ded to Fees ADDITIONS/CHAN	Make Check Departmen GES TO OFFICERS AND D	Change     Change     Change     Change     Change	J 10 Addition Addition Addition Addition Addition