2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

BOCA GRANDE, FL 33921 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in tho State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE		KEINSTA	I EMEN I			p	P.1 gran		
Principal Place of Business 430 E RAIROND AR 430 E RAIROND AR 430 E RAIROND AR 500 AGNANDE, FL 33921 US SURA, AR, R. GIE S	1. Entity Nam	ne							
2. Principal Place of Business - No P.O. Box # P.O. So		·			- F13	COUT APH	1-2 A 9	: 07	
SUIR. API, II, BICE SUIR. API, III, BICE SUIR. API,	430 E. RAILE	ROAD AVE	430 E. RAILROAD AVE	30 E. RAILROAD AVE		SECRETARY OF STAYE TALLAHASSEE, FLORIDA			
SUIR. API, II, BICE SUIR. API, III, BICE SUIR. API,	2 Principal C	None of Projects No D.O. Sou H	I 2 Mailing Address						
DITA State Country Co									
Second Service County Zip County Zip 3391 Cush Second Service Second Second Service Second Second Service Second Second Service Second Second Service Second	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02262009 RE	IN-NP	CR2E099 (1	/07)	
20 3 3 9 3			City & State	de FC		9			
PATERSON, REBECCA 430 E. RAILROAD AVENUE BOCA GRANDE, FL 33921 City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$297.50 FILE NOWIII FEE IS \$297.50 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE MARE PRAIL, CAROLYN STRET ANDESS OTY-51-2P TILE PRAIL, CAROLYN STRET ANDESS OTY-51-2P VINCENNES, IN 47591 TILE MARE PROBLEMEE, ANN DR BLEMKEE, ANN DR BLEMK	Zip 7 7 4	Country A S A	Zip	Country	5. Certificate of St	atus Desired			
PATERSON, REBECCA 430 E. RAILROAD AVENUE BOCA GRANDE, FL 33921 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the both of Florida Department of state FILE NOWIII FEE IS \$297.50 Int.E. Department of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida Department of Florida Department of State of Florida Department of Florida Department of Florid		6. Name and Address of Current R		371	7. Name and Add	ress of New R	 		
Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signaturity of princip name of registered agent. FILE NOWIII FEE 13 \$297.50 FILE N	PATERSO	N REBECCA		Name					
B. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	430 E. RAILROAD AVENUE BOCA GRANDE, FL 33921			Street Ad	dress (P.O. Box Number is I	Not Acceptable	9)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Company				City			FL Zi	p Code	
SIGNATURE SUPPLIES AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THLE NOWIII FEE IS \$297.50 FILE NOWIII FEE IS \$297.50 FILE NOWIII FEE IS \$297.50 THE PRAIL, CAROLYN STRETANDRESS GITT-51-7P LAKELAND, FL 33813 GITT-51-7P STRETANDRESS GITT-51-7P ST	8. The above	named entity submits this statement for	the purpose of changing its i	registered office or i	registered agent, or both, in	the State of Flo		r with, and accept	
FILE NOW!! FEE IS \$297.50 TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE PRALL, CAROL.YN STRET ADDRESS CITY-51-7P TITLE PO BOX 246 BOCA GRANDE, FL 33921 TITLE SIREET ADDRESS CITY-51-7P TITLE Delete TITLE SIREET ADDRESS CITY-51-7P TITLE Delete TITLE SIREET ADDRESS CITY-51-7P TITLE SIR				20.4	· ·			,	
FILE NOW!! FEE IS \$297.50 TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE PRALL, CAROL.YN STRET ADDRESS CITY-51-7P TITLE PO BOX 246 BOCA GRANDE, FL 33921 TITLE SIREET ADDRESS CITY-51-7P TITLE Delete TITLE SIREET ADDRESS CITY-51-7P TITLE Delete TITLE SIREET ADDRESS CITY-51-7P TITLE SIR		Rabica Vi	Turan C	AM					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TD Delete TTILE TD Addition NAME SIRET ADDRESS 133 LAKE IN THE WOODS SIRET ADDRESS OUT-51-7P NAME STEINMAN, BILL STEEL ADDRESS OUT-51-7P NAME STEEN ADDRESS OUT-51-7P NAME STEEN ADDRESS OUT-51-7P TITLE SD CA GRANDE, FL 33921 OLIV-51-7P TITLE NAME STREET ADDRESS OUT-51-7P TITLE NAME GREEN, ESTELLE TITLE NAME GREEN AND GREEN AND GREEN AND GREEN AND GREEN AND GREEN AND	SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	* 11 11 11			DATE		
TITLE TD Delade TITLE NAME PRALL, CAROLYN SIRET ADDRESS SIRET ADDRESS DOCA GRANDE, FL 33913 TITLE POBLEM POBLE SIRET ADDRESS DOCA GRANDE, FL 33921 TITLE SD DELAME, AND DR SIRET ADDRESS DOCA GRANDE, FL 33921 TITLE SD DELAME, AND DR SIRET ADDRESS DOCA GRANDE, FL 33921 TITLE SD DELAME, AND DR SIRET ADDRESS DOCA GRANDE, FL 33921 TITLE SD DELAME, AND DR SIRET ADDRESS DOCA GRANDE, FL 33921 TITLE SD DELAME, AND DR SIRET ADDRESS DOCA GRANDE, FL 33921 TITLE SD DELAME, AND DR SIRET ADDRESS DOCA GRANDE, FL 33921 TITLE SD DELAME, AND DR SIRET ADDRESS DOCA GRANDE, FL 33921 TITLE STATE ADDRESS DOCA GRANDE, FL 33921 DELAME STREET ADDRESS DOCA GRANDE, FL			(1111	: Registered Agent signat	ure required when reinstating)		UATE		
NAME SITERT ADDRESS CITY-ST-7P LAKELAND, FL 33813 TITLE NAME STEET ADDRESS CITY-ST-7P STEINMAN, BILL STREET ADDRESS CITY-ST-7P BOCA GRANDE, FL 33921 TITLE SD SITERT ADDRESS SITERT ADDRESS SITERT ADDRESS SITERT ADDRESS CITY-ST-7P STEEN ADDRESS CITY-ST-7P STREET ADDRESS CITY-ST-7P STEEN ADDRESS CITY-ST-7P STREET ADDRESS CITY-ST-7P ST	Fii			: Registered Agent eignac	ure required when reinstating)		lake check paya		
STREET ADDRESS CITY-ST-ZP LAKELAND, FL 33813 CITY-ST-ZP TITLE PSTREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST		LE NOWIII FEE IS \$297.50				Flor	lake check paya	of State	
CITY-ST-7IP LAKELAND, FL 33813 CITY-ST-7IP ITILE P. Change Addition MAME STREIT ADDRESS CITY-ST-7IP CHANGE STREIT ADDRESS CITY-ST-7IP CHANGE STREIT ADDRESS CITY-ST-7IP CHANGE STREIT ADDRESS CITY-ST-7IP CHANGE CITY-ST-7IP CHANGE Addition MAME STREIT ADDRESS CITY-ST-7IP TITLE	10. TITLE	LE NOWILL FEE IS \$297.50 OFFICERS AND DIRE	ECTORS	11.		Flor	lake check paya ida Department	of State	
NAME STRET ADDRESS P.O. BOX 246 BOCA GRANDE, FL 33921 ITILE NAME STRET ADDRESS CITY-ST-ZIP NAME STRET ADDRESS CITY-ST-ZIP Delete STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE ST	10. TITLE HAME	DE NOWILL FEE IS \$297.50 OFFICERS AND DIRITO PRALL, CAROLYN	ECTORS	11. TITLE NAME		Flor	lake check paya ida Department	of State	
STREET ADDRESS CITY-ST-ZIP BOCA GRANDE, FL 33921 TITLE SD BLEMKEE, ANN DR SIREET ADDRESS CITY-ST-ZIP TITLE SIDENCENNES, IN 47591 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP ST	10. TITLE	OFFICERS AND DIRI TD PRALL, CAROLYN 5133 LAKE IN THE WOODS	ECTORS	11. TITLE NAME STREET ADDRESS		Flor	lake check paya ida Department	of State	
STREET ADDRESS CITY-ST-ZIP BOCA GRANDE, FL 33921 Delete	10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRECTOR	ECTORS 🔲 Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Flor	lake check paya ida Department RS AND DIRECTO	of State PRS IN 10 nange	
TITLE NAME BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE CITY-ST-ZIP VINCENNES, IN 47591 TITLE POBLETE STREET ADDRESS CITY-ST-ZIP TITLE POBLETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTOR	ECTORS 🔲 Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANG	Flor	lake check paya ida Department RS AND DIRECTO	of State ORS IN 10 nange	
NAME STREET ADDRESS CITY-ST-ZIP VINCENNES, IN 47591 ITILE PGREEN, ESTELLE PO BOX 1326 BOCA GRANDE, FL 33921 TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME S	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246	ECTORS 🔲 Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANG	Flor	lake check paya ida Department RS AND DIRECTO	ORS IN 10 Pange Addition Tange Addition	
STREET ADDRESS CITY-ST-ZIP VINCENNES, IN 47591 ITILE PGREEN, ESTELLE PO BOX 1326 BOCA GRANDE, FL 33921 ITILE ITILE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	Flor	lake check paya ida Department RS AND DIRECTO	of State DRS IN 10 Pange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA GRANDE, FL 33921 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 separate or the attractions with an address with a proper seport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANG	Flor	lake check paya ida Department RS AND DIRECTO	of State DRS IN 10 Pange	
NAME STREET ADDRESS CITY-ST-ZIP DO BOX 1326 BOCA GRANDE, FL 33921 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANG	Flor	lake check paya ida Department RS AND DIRECTO	of State DRS IN 10 Pange	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter of the component with an endedness with all effect as prevented.	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ADDITIONS/CHANG	Flor	lake check paya ida Department RS AND DIRECTO	of State DRS IN 10 Pange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 chapter 119, Florida Statutes; and that my name appears in Block 10 or Block 11 If	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P	ECTORS Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	Flor	lake check payarida Department RS AND DIRECTO CH	of State ORS IN 10 range	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 chapter 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE	ECTORS Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANG 200 04/02/03	Flor ES TO OFFICE 1 1 4 2 4 301037	lake check paya ida Department RS AND DIRECTO Cr	of State ORS IN 10 nange	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 chapter 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE PO BOX 1326	ECTORS Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANG 200 04/02/03	Flor ES TO OFFICE 1 1 4 2 4 301037	lake check paya ida Department RS AND DIRECTO Cr	of State ORS IN 10 nange	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 chapter 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE PO BOX 1326	ECTORS Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG 200 04/02/03	Flor ES TO OFFICE 1 1 4 2 4 301037	lake check payarda Department RS AND DIRECTO CH S 1 1 7 2 -027 ***2	of State ORS IN 10 nange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 chapter 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE PO BOX 1326	ECTORS Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANG 200 04/02/03	Flor ES TO OFFICE 1 1 4 2 4 301037	lake check payarda Department RS AND DIRECTO CH S 1 1 7 2 -027 ***2	of State ORS IN 10 nange	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE PO BOX 1326	ECTORS Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANG 200 04/02/03	Flor ES TO OFFICE 1 1 4 2 4 301037	lake check payarda Department RS AND DIRECTO CH S 1 1 7 2 -027 ***2	of State ORS IN 10 nange	
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE PO BOX 1326	ECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANG 200 04/02/03	Flor ES TO OFFICE 1 1 4 2 4 301037	lake check payarda Department RS AND DIRECTO CH S 1 1 7 2 -027 ***2	of State ORS IN 10 nange	
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE PO BOX 1326	ECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANG 200 04/02/03	Flor ES TO OFFICE 1 1 4 2 4 301037	lake check payarda Department RS AND DIRECTO CH S 1 1 7 2 -027 ***2	of State ORS IN 10 nange	
1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE PO BOX 1326	ECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANG 200 04/02/03	Flor ES TO OFFICE 1 1 4 2 4 301037	lake check payarda Department RS AND DIRECTO CH S 1 1 7 2 -027 ***2	of State ORS IN 10 nange	
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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE PO BOX 1326	ECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG 200 04/02/03	Flor ES TO OFFICE 1 1 4 2 4 301037	lake check payarda Department RS AND DIRECTO CH S 1 1 7 2 -027 ***2	of State ORS IN 10 nange	
- · · · · · · · · · · · · · · · · · · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE TD PRALL, CAROLYN 5133 LAKE IN THE WOODS LAKELAND, FL 33813 P STEINMAN, BILL P.O. BOX 246 BOCA GRANDE, FL 33921 SD BLEMKEE, ANN DR 2820 E. BEECHWOOD LANE VINCENNES, IN 47591 P GREEN, ESTELLE PO BOX 1326 BOCA GRANDE, FL 33921	ECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	Flor ES TO OFFICE 11484 301037-	lake check payarida Department RS AND DIRECTO CO CO CO CO CO CO CO CO CO	of State ORS IN 10 nange	