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ILE TD DELETE 1:1 TITLE Change AMARQUIS, RUTH SS2 SUTTON ROAD 13 STREET ADDRESS AUBURNDALE FL 14 CITY-ST-2P 14 CIT	agent la	in raninal with, and accept the oblige	ations of, Section 617.0503, Fl	orida Statutes.	ation's board of directors. I hereby acce	pt the appointment as registered
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Y-ST-ZIP PULK CITY FL 1 do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oat	GNATURE LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	Signature. typed or profed name of registeried ager OFFICERS AND MARQUIS, RUTH 552 SUTTON ROAD AUBURNDALE FL D CHRISTIAN, MICHAEL 450 OLD LAKE ALFRED RD. POLK CITY, FL 00000 D CLYDETTE, LEONI 490 MINNEHAHA AVE. CLEARMONT FL PD THAYER, SUSAN 135 EAST MAIN STREET DUNDEE FL D GOODWILL, TODD 107 AVE., A N.W. WINTER HAVEN, FL 00000 D CHRISTIAN, BARBARA 450 OLD LAKE ALFRED RD.	eri and tile if applicable (NOT D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E: Registered Agent eignature regi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	uired when reinstailing) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition