



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**


04-25-2008 90134 036 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # 765358</b><br>1. Entity Name<br><b>RUSKIN-APOLLO BEACH ROTARY CLUB, INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>P O BOX 1765<br/>5908 FORTUNE PLACE<br/>RUSKIN, FL 33570 US</b>  |   |  | Mailing Address<br><b>P. O. BOX 1765<br/>5908 FORTUNE PLACE<br/>APOLLO BEACH, FL 33572-2643 US</b>                                   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country              |  |  |  |
| 04232008    Chg-NP                      CR2E037 (12/06)  |   |  |  | 4. FEI Number<br><b>59-2833997</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GLISSON, DAMON C., ESQ.<br/>5908 FORTUNE PLACE<br/>APOLLO BEACH, FL 33570</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MURRAYA, STEPHEN<br>2411 KIRKLAND RD<br>DOVER, FL 33527                 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD JOYNER, WESLEY<br>4410 MILEY RD<br>PLANT CITY, FL 33565                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>HALL, RICHARD<br>714 APOLLO BEACH BLVD<br>APOLLO BEACH, FL 33572       | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD MADDEN, DAVID<br>218 6TH AVE<br>RUSKIN, FL 33570                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>WESLEY, JOYNER<br>4440 MILEY RD<br>PLANT CITY, FL 33565                 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D KNIGHT, RONALD<br>3814 CARDENAL AVE<br>RUSKIN, FL 33573                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>BORDICK, SHEILA<br>500 FAIRHOPE DR<br>APOLLO BEACH, FL 33572            | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD PIDLI, JENNIFER<br>501 FALKENBERG RD #C-21<br>TAMPA, FL 33619                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>MURPHY, ROSALIE<br>2048 GRANTHAM GREENS DR<br>SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D BATES, BRENDA<br>6511 LAUREL CREEK TR<br>ELLENTON, FL 34222                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 changed, or on an attachment with an address, with all other like empowered. |   |  |  |  |  |
| <b>SIGNATURE: WESLEY JOYNER</b>  |   |  | <b>4/23/08</b> <b>93-658-1200</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | <small>Date                      Daytime Phone #</small>   |  |  |

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

PAGE 2

|  |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|---------------------------|---|--|--|--|-------|----|--|------|-----------------|--|----------------|------------------|--|-------------|-----------------|--|-------|-----|---------------------------------|------|---------------|--|----------------|-----------------------|--|-------------|------------------------|--|-------|----|---------------------------------|------|----------------|--|----------------|---------------|--|-------------|----------------------|--|-------|----|---------------------------------|------|-----------------|--|----------------|-----------------|--|-------------|------------------------|--|-------|----|---------------------------------|------|-----------------|--|----------------|-------------------------|--|-------------|---------------------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|-----------------|--|------|------------------|--|----------------|-----------------|--|-------------|--|--|-------|-------------------|--|------|------------------|--|----------------|-----------------|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # 765358</b><br>1. Entity Name<br><b>RUSKIN-APOLLO BEACH ROTARY CLUB, INC.</b>   |                           |   |  |   |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>P O BOX 1765<br/>5908 FORTUNE PLACE<br/>RUSKIN, FL 33570 US</b>  |                           |   | Mailing Address<br><b>P. O. BOX 1765<br/>5908 FORTUNE PLACE<br/>APOLLO BEACH, FL 33572-2643 US</b>                                   |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country  |                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country |  | <div style="font-size: 2em; font-family: cursive; margin-bottom: 10px;">40082239</div> 04232008    Chg-NP                      CR2E037 (12/06) |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 4. FEI Number<br><b>59-2833997</b>   |                           |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GLISSON, DAMON C., ESQ.<br/>5908 FORTUNE PLACE<br/>APOLLO BEACH, FL 33570</b>  |                           |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                       |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURRAY, STEPHEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2411 KIRKLAND RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DOVER, FL 33527</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HALL, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>714 APOLLO BEACH BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>APOLLO BEACH, FL 33572</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WESLEY, JOYNER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4440 MILEY RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY, FL 33566</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BORDICK, SHEILA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 FAIRHOPE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>APOLLO BEACH, FL 33572</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURPHY, ROSALIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2048 GRANTHAM GREENS DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUN CITY CENTER, FL 33573</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D ADDOCK, JAMES</td> <td style="width: 10%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>5010 CAUSEWAY BL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMPA, FL 33619</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D MURRAY, STEPHEN</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>2411 KIRKLAND RD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DOVER, FL 33527</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                           |   |  |  |  | TITLE | PD | <input checked="" type="checkbox"/> Delete | NAME | MURRAY, STEPHEN |  | STREET ADDRESS | 2411 KIRKLAND RD |  | CITY-ST-ZIP | DOVER, FL 33527 |  | TITLE | VPD | <input type="checkbox"/> Delete | NAME | HALL, RICHARD |  | STREET ADDRESS | 714 APOLLO BEACH BLVD |  | CITY-ST-ZIP | APOLLO BEACH, FL 33572 |  | TITLE | VD | <input type="checkbox"/> Delete | NAME | WESLEY, JOYNER |  | STREET ADDRESS | 4440 MILEY RD |  | CITY-ST-ZIP | PLANT CITY, FL 33566 |  | TITLE | TD | <input type="checkbox"/> Delete | NAME | BORDICK, SHEILA |  | STREET ADDRESS | 500 FAIRHOPE DR |  | CITY-ST-ZIP | APOLLO BEACH, FL 33572 |  | TITLE | SD | <input type="checkbox"/> Delete | NAME | MURPHY, ROSALIE |  | STREET ADDRESS | 2048 GRANTHAM GREENS DR |  | CITY-ST-ZIP | SUN CITY CENTER, FL 33573 |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | D ADDOCK, JAMES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | 5010 CAUSEWAY BL |  | STREET ADDRESS | TAMPA, FL 33619 |  | CITY-ST-ZIP |  |  | TITLE | D MURRAY, STEPHEN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | 2411 KIRKLAND RD |  | STREET ADDRESS | DOVER, FL 33527 |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  | PD                        | <input checked="" type="checkbox"/> Delete  |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | MURRAY, STEPHEN           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 2411 KIRKLAND RD          |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | DOVER, FL 33527           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | VPD                       | <input type="checkbox"/> Delete   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | HALL, RICHARD             |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 714 APOLLO BEACH BLVD     |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | APOLLO BEACH, FL 33572    |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | VD                        | <input type="checkbox"/> Delete   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | WESLEY, JOYNER            |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 4440 MILEY RD             |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | PLANT CITY, FL 33566      |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | TD                        | <input type="checkbox"/> Delete   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | BORDICK, SHEILA           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 500 FAIRHOPE DR           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | APOLLO BEACH, FL 33572    |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | SD                        | <input type="checkbox"/> Delete   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | MURPHY, ROSALIE           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 2048 GRANTHAM GREENS DR   |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | SUN CITY CENTER, FL 33573 |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | D ADDOCK, JAMES           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                              |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | 5010 CAUSEWAY BL          |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | TAMPA, FL 33619           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | D MURRAY, STEPHEN         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                              |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | 2411 KIRKLAND RD          |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | DOVER, FL 33527           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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 changed, or on an attachment with an address, with all other like empowered.   |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>  |                           |   |  |  |  |       |    |  |      |                 |  |                |                  |  |             |                 |  |       |     |                                 |      |               |  |                |                       |  |             |                        |  |       |    |                                 |      |                |  |                |               |  |             |                      |  |       |    |                                 |      |                 |  |                |                 |  |             |                        |  |       |    |                                 |      |                 |  |                |                         |  |             |                           |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |                 |  |      |                  |  |                |                 |  |             |  |  |       |                   |  |      |                  |  |                |                 |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |