FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 76

SIGNATURE

765371

(0)

Principal Place of Business US 2. Principal Place of Business US 2. Principal Place of Business US 2. Principal Place of Business US 3. Date Incorporated or Qualified US 11, 23759-7035 US 3. Date Incorporated or Qualified US 11, 1982 3. Date Incorporated	OAK H	ill sea food festival, i								
124 BUNN ST US 27 Principal Place of Business 28 Mailing Address 29 Address 29 Address 20 Address 21 Address 22 Address 23 Address 24 Address 25 Sullo, Apt. #, etc. 27 Country 28 District 29 District 29 District 20 Dis	Principal Place of Business Mailing Address						- 1 HODIII FORMA DARFI BIIIOD MINII FORDA N	(O) OISII VIVI		#### # ###############################
2. Principal Place of Blushness	124 BLINN ST OAK HILL FL 3		124 BLINN ST				la. n.		····	
Substant April #, etc. 22 22 27 28 27 28 29 29 29 29 29 29 29			U\$			10/11/1982	38. Date of Last Report 05/01/1996			
22 City & State 23 Processor State 24 Processor State 25 Processor State 26 Processor State 27 Country 28 Processor State 28 Processor State 29 Processor State 29 Processor State 20 Processor State 21 Processor State 21 Processor State 22 Processor State 23 Processor State 24 Processor State 25 Processor State 25 Processor State 26 Processor State 27 Pr	— , '	lace of Business	<u> </u>			4. FEI Number 59-2228803	Applied For Not Applicable			
29 Country Zip Country Zip Country Added to Peee Added to Peee 29 20 20 20 20 20 20 20		#, etc.					5. Certificate of Status Desired			
Zip	 , ´	8	 				П			
B. Name and Address of New Registered Agent GOODRICH, CLARENCE Q., JR 200 BUINN STREET OAK HILL F. 82 Street Address (P.O. Box Number is Not Acceptable) 83 Set City FL 66 Zip Code 84 City FL 66 Zip Code 85 City FL 66 Zip Code 86 City FL 66 Zip Code 87 City FL 66 Zip Code 88 City FL 66 Zip Code 89 City FL 66 Zip Code 89 City FL 66 Zip Code 89 City FL 66 Zip Code 80 City FL 66 Zip Code 80 City FL 66 Zip Code 80 City FL 66 Zip Code 81 Amount to the provisions of sections 617 0502 and 617 1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the purpose of changing its registered degree in the corporation in the corporation in the corporation in the purpose of changing its registered degree in the corporation i	Zip		Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
GOODRICH, CLARENCE Q., JR 200 BUNN STREET OAK HILL FL 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the approximant as registered signal and fundate with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered signal and the provisions of the corporation of Florids Statutes, the above-named corporation is board of directors. I hereby accept the purpose of changing its registered signal and the provisions of the corporation of Florids Statutes, the above-named corporation is board of directors. I hereby accept the purpose of changing its registered signal and the provisions of the corporation of Florids Statutes, the above-named corporation is board of directors. I hereby accept the purpose of changing its registered signal and the provisions of the corporation of Florids Statutes, the provisions of the corporation of Florids Statutes, the purpose of changing its registered signal and the purpose of changing its registered signal and the purpose of the corporation of the florids statutes, the purpose of changing its registered signal and the purpose of the corporation of the florids statutes. The purpose of the corporation of the corporation of the corporation of the florids statutes. The purpose of the corporation of the corporation of the corporation of the florids statutes. The purpose of the corporation of the corpo	47			30 1						
200 BUNN STREET OAK HILL FL 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Socitions 617 0502 and 617 1508, Plotida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and eccept the obligations of, Section 167 0500, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. BURN ST OAK HILL FL 15. STREET ADDRESS ON: ST /2P OAK HILL FL OAK HILL FL					81	Name	Commence of the second section of the section	, - , - , - , - , - , - , - , - , - , -		
Base						Street Addre	ess (P.O. Box Number is Not Acceptab	ie)	<u> </u>	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purcess of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent agent 1 am familiar with, and accept the obligations of, Socion 617,0503, Florida Statutes. SIGNATURE Spontan liqued or pretind name of impatients apent and tall it applicable. (NOTE Registered Agent agents agent agent 1 am familiar with an accept the obligations of, Socion 617,0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WILL DO CHERT 1 11 THE 1 ORDING ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WILL ON HILL FL 1 1 THE 1 ORDING AGENT AGEN				-	83					<u> </u>
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agriculture of the composition of control of the first Statutes of Florida. Statutes and the composition of control of the composition of the composition of control of the composition of the com					84	City		FL	86 Zip	Code
SIGNATURE Topodative System or protect name of regolatered Agent act stoll applications. (NOTE Regolatered Agent bigrature required when reinhalative) DATE	11. Pursuant office or ragent. La	to the provisions of Sections 617.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	and 617.1508, Florida Statute of Florida. Such change was a tions of, Section 617.0503, Flor	s, the ab uthorized rida Statu	ove by utes	named corp the corporati	oration submits this statement for the prion's board of directors. I hereby accep	urpose of o	changing it intment as	s registered registered
11. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE GOODRICH, CLARENCE Q JR SIRET ADDRESS OLY, SI, 2IP TITLE TO OAK HILL FL OAK HI										
International Companies Delete Street Address Delete Delete Street Address Delete Delete Delete Street Address Delete De	12.								DIRECTOR	RS IN 12
STREET ADDRESS OAK HILL FL 13 STREET ADDRESS OAK HILL FL 14 OVD 10 DELETE 21 TITLE WOOD, RONNIE 22 MAME WOOD, RONNIE 23 STREET ADDRESS OAK HILL FL 24 CITY-ST-2P TO DELETE 31 TITLE SO OAK HILL FL 32 CITY-ST-2P TO SO ANAME BONAMO, JENNIFER, G 32 MAME STREET ADDRESS CITY-ST-2P OAK HILL FL 34 CITY-ST-2P THE SO OAK HILL FL 34 CITY-ST-2P THE NAME MCLAREN, DON STREET ADDRESS OAK HILL FL 34 CITY-ST-2P OAK HILL FL ALGIV-ST-2P OAK HILL FL DELETE ALGIV-ST-2P OAK HILL FL ALGIV-ST-2P THE NAME STREET ADDRESS CITY-ST-2P OAK HILL FL DELETE SD OAK HILL FL Change Addition ACTIV-ST-2P THE NAME STREET ADDRESS CITY-ST-2P OAK HILL FL DELETE STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS THE THE NAME STREET ADDRESS THE THE NAME STREET ADDRESS THE THE THE THE THE THE THE	TITLE	PDC	DELETE	1.1 TIT	.1 TITLE					☐ Addition
CITY-SIT-ZIP OAK HILL FL VD DELETE 21 TITLE VD OACH HILL FL 22 NAME WOOD, RONNIE 277 CYPRESS AVE. OAK HILL FL DELETE 3.1 TITLE 1.1 TITLE DELETE 3.2 NAME SDONAMO, JENNIFER, G 3.2 NAME BONAMO, JENNIFER, G 3.2 NAME 3.3 SIREET ADDRESS CITY-SIT-ZIP TITLE SD OAK HILL FL 3.4 CITY-SIT-ZIP TITLE SD OAK HILL FL 3.4 CITY-SIT-ZIP TITLE SD OAK HILL FL AUGITION STREET ADDRESS CITY-SIT-ZIP TO OAK HILL FL SD OAK HILL FL SS OAK HILL FL OBLETE AUGITION ST-ZIP OAK HILL FL OBLETE STITULE OCHANGE SA SIREET ADDRESS CITY-SIT-ZIP OAK HILL FL OBLETE STITULE OCHANGE SA SIREET ADDRESS CITY-SIT-ZIP OAK HILL FL OBLETE STITULE OCHANGE Addition ADDRESS CITY-SIT-ZIP OAK HILL FL OBLETE STITULE OCHANGE Addition ADDRESS CITY-SIT-ZIP Addition Add	NAME	GOODRICH, CLARENCE Q JR	OODRICH, CLARENCE Q JR 12		1.2 NAME					
TITLE VD DELETE 21 TITLE 2 NAME Addition WOOD, RONNIE 277 CYPRESS AVE. 23 STREET ADDRESS 277 CYPRESS AVE. 23 STREET ADDRESS 2.4 CTY-ST-ZP OAK HILL FL 2.4 CTY-ST-ZP OAK HILL FL 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 21 SARGENT AVE 3.3 STREET ADDRESS 21 SARGENT AVE 3.3 STREET ADDRESS 21 SARGENT AVE 3.4 CTY-ST-ZP OAK HILL FL 3.4 CTY-ST-ZP OAK HILL FL 3.4 CTY-ST-ZP OAK HILL FL 3.5 TITLE 5.5 TITLE 5	STHEFT ADDRESS				1.3 STREET ADORESS					
NAME STREEL ADDRESS CITY-ST-ZP OAK HILL FL TITLE TO DELETE STREET ADDRESS CITY-ST-ZP OAK HILL FL 3.2 CITY-ST-ZP TITLE TO DELETE STREET ADDRESS CITY-ST-ZP OAK HILL FL 3.3 STREET ADDRESS CITY-ST-ZP OAK HILL FL 3.4 CITY-ST-ZP OAK HILL FL 3.5 STREET ADDRESS CITY-ST-ZP OAK HILL FL 3.6 CITY-ST-ZP TITLE SD DELETE 4.1 TITLE SD ACK HILL FL 3.4 CITY-ST-ZP TITLE SD ACK HILL FL 3.5 STREET ADDRESS CITY-ST-ZP OAK HILL FL 3.5 STREET ADDRESS CITY-ST-ZP TITLE SD STREET ADDRESS CITY-ST-ZP OAK HILL FL STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS TITLES TITLE STREET ADDRESS TITLES TITL	City-St-Zip				1.4 CITY-ST-ZIP					
STREET ADDRESS CITY - ST - ZIP TO DELETE 3.1 TITLE TD DELETE 3.1 TITLE DONAMO, JENNIFER, G 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY - ST - ZIP TITLE SD DELETE 4.1 TITLE DELETE 3.1 TITLE DONAME Addition DELETE 4.1 TITLE DONAME ADDRESS CITY - ST - ZIP TITLE SD DELETE 4.1 TITLE DELETE 4.1 TITLE DONAME ADDRESS DONAME ALGITY - ST - ZIP TITLE SD DELETE 4.1 TITLE DELETE ALGITESS DONAME ALGITY - ST - ZIP TITLE DELETE DELETE 5.1 TITLE DELETE ALGITESS DONAME ALGITY - ST - ZIP TITLE DELETE ST - ZIP DELETE 5.1 TITLE DELETE ALGITESS DELETE DORESS CITY - ST - ZIP TITLE DELETE ST - ZIP DELETE ST -	TITLE	•	☐ DELETE	2.1 TITLI				I	Change	Addition
DITY ST ZPP OAK HILL FL 17D DELETE 3.1 TITLE BONAMO, JENNIFER, G 3.2 NAME STREET ADDRESS CITY - ST - ZIP OAK HILL FL 3.4 CITY - ST - ZIP TITLE SD DELETE 4.1 TITLE MAME MCLAREN, DON 4.2 NAME STREET ADDRESS CITY - ST - ZIP TITLE DAK HILL FL 4.4 CITY - ST - ZIP TITLE AME STREET ADDRESS CITY - ST - ZIP TITLE DELETE 5.1 TITLE AME STREET ADDRESS CITY - ST - ZIP TITLE DELETE 5.3 STREET ADDRESS CITY - ST - ZIP TITLE AME STREET ADDRESS CITY - ST - ZIP TITLE DELETE 5.3 STREET ADDRESS CITY - ST - ZIP TITLE DELETE 5.3 STREET ADDRESS CITY - ST - ZIP TITLE DELETE 5.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 if made under oath; the lam an officer or director of the corporation or the receiver or trustee empowered to ease up that my mane legal effect as if made under oath; the lam an officer or director of the corporation or the receiver or trustee empowered to ease that my signature shall have the same legal effect as if made under oath; the lam an officer or director of the corporation or the receiver or trustee empowered to ease that my signature shall have the same legal effect as if made under oath; the lam an officer or director of the corporation or the receiver or trustee empowered to ease the street as required by Chapter 617. Florida Statutes: and that my name and the my signature shall have the same legal effect as if made under oath; the lam an officer or director of the corporation or the receiver or trustee empowered to ease the street and that my name and the my signature shall have the same legal effect as if made under oath; the lam an officer or director of the corporation or the receiver or trustee empowered to each that my signature shall have the sa	NAME			2.2 NAME						
TITLE TD DELETE 3.1 TITLE	STREET ADDRESS			2.3 STREE		address				
NAME BONAMO, JENNIFER, G STREET ADDRESS CITY-S1-ZIP TITLE SD DELETE 4.1 TITLE NAME MCLAREN, DON 4.2 NAME STREET ADDRESS CITY-S1-ZIP TITLE DAK HILL FL ASTREET ADDRESS CITY-S1-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 6.1 STREET ADDRESS CITY-S1-ZIP TITLE DELETE	CITY-ST-ZIP					T-ZIP				
STREET ADDRESS CITY - ST - 2IP TITLE SD CHARGEN, DON AME MCLAREN, DON STREET ADDRESS CITY - ST - ZIP TITLE MCLAREN, DON ASTREET ADDRESS CITY - ST - ZIP TITLE MCLAREN, DON ASTREET ADDRESS CITY - ST - ZIP TITLE MCLAREN, DON ASTREET ADDRESS CITY - ST - ZIP TITLE MCLAREN, DON ASTREET ADDRESS CITY - ST - ZIP TITLE MCLAREN, DON ASTREET ADDRESS CITY - ST - ZIP TITLE MAKE MCLAREN, DON ASTREET ADDRESS CITY - ST - ZIP TITLE MAKE MCLAREN, DON ASTREET ADDRESS CITY - ST - ZIP TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MA				3.1 TrT				i	Change	Addition
CITY-SI-ZIP TILLE SD MCLAREN, DON 4.2 NAME STREET ADDRESS 137 N 2ND ST OAK HILL FL 14.0 STREET ADDRESS CITY-SI-ZIP TILLE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP TILLE STREET ADDRESS ST				3.2 NA			***	7		
TILLE SD DELETE 4.1 TITLE Change Addition NAME MCLAREN, DON 4.2 NAME STREET ADDRESS 137 N 2ND ST 4.3 STREET ADDRESS CITY-ST-7IP OAK HILL FL 4.6 ITHLE 5.7 TITLE Change Addition NAME 5.2 NAME 5.2 NAME STREET ADDRESS CITY-ST-7IP 5.4 CIT		AAV IIII EI								
MCLAREN, DON 137 N 2ND ST 0AK HILL FL 4.3 STREET ADDRESS CITY - ST-ZIP OAK HILL FL DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY - ST-ZIP TILLE DELETE 5.4 CITY - ST-ZIP TILLE DELETE 6.1 TITLE 6.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY - ST-ZIP TILLE DELETE 6.3 STREET ADDRESS CITY - ST-ZIP TILLE DELETE 6.4 CITY - ST-ZIP 1.4 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 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								-	7	1 4 7 8 9
STREET ADDRESS OAK HILL FL 137 N 2ND ST OAK HILL FL 137 N 2ND ST OAK HILL FL 138 STREET ADDRESS CITY-ST-ZIP 14. Clange 138 STREET ADDRESS CITY-ST-ZIP 14. I 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 to strue 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								·	Unange	L.J Addition
ORK HILL FL OAK HILL FL A4 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TILE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TILE DELETE 6.1 TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP TO BE ADDRESS CITY-ST-ZIP THE AMME STREET ADDRESS CITY-ST-ZIP 14. I 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 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						4000000				
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-S1-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Addition										
STREET ADDRESS CITY-ST-ZIP TITLE DELETE B.1 TITLE STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 14. I 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 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		2, 2, 1, 1, 1, P.	OFLETE			1-217			Change	Addition
STREET ADDRESS CITY-ST-ZIP TILLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I 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 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			Occ.,c						change	CONTROL
CITY-S1-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-S1-ZIP 1. I 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 if made under ooth; 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						ADDRESS				
TILE NAME STREET ADDRESS CITY-S1-2IP 14. I 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 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										
NAME STREET ADDRESS CITY-S1-2IP 14. I 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 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			DELETE						Change	Addition
STREET ADDRESS CITY-S1-2IP 14. I 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 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	NAME		_					•	•	
6.4 CITY-ST-ZIP 14. I 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 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						ADDRESS				
14. I 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 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										
	14. I do hereb informatio I am an of	n indicated on this annual report or so fficer or director of the corporation or t	ipplemental annual report is tri The receiver or trustee empowe	for the eue and ac	exer	mption stated	my signature shall have the same legal	effect as i	f made und	der ceth: that l