10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME CLARK, JOE 6188 80th St. N. #309 STREET ADDRESS STREET ADDRESS 6188 80TH STREET N., #304 St. Petersburg, FL 33709 CITY-ST-ZIP CITY-ST-ZIP ST-PETERSBURG FL 33709 Change Addition S X Delete TITLE TITLE Harold Smith, Dir. SELIGMAN, BETTY NAME NAME 6188 80th St. N. #107 STREET ADDRESS STREET ADDRESS 6188 80TH ST. N. #404 CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33709 ST PETERSBURG FL 33709 Lambert Bittinger, Dir. xxx Change ■ Addition TD ☐ Delete TITLE TITLE MOONEY, ED NAME NAME 6188 80th St. N. #307 STREET ADDRESS STREET ADDRESS 6188 80TH STREET N # 207 St. Petersburg, FL 33709 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33709 Change ☐ Addition **⊠** Delete TITLE TITLE Fritzie Glanzrock, Dir. FITZPATRICK, LEROY NAME NAME 6188 80th St. N. #103 STREET ADDRESS STREET ADDRESS 6188 80TH STREET N #411 CITY-ST-ZIP St. Petersburg, FL 33709 CITY-ST-ZIP SAINT PETERSBURG FL 33709 ☐ Change ☐ Addition TITLE XQ Delete TITLE ĒD MOONEY PERRY, BOB NAME NAME 6188 80th STREET N., #207 STREET ADDRESS STREET ADORESS 6188 80TH STREET N #301 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33709 ST. PETERSBURG, FL. 33709

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.