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	4. I hereby certity 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 enough ender oath; that i am an officer or director of the corporation or the receiver or trustee enpowered to execute this report as required by Chapter 6177. Florida Statutes: and that my sense are legal effect as if made under oath; that i am an officer or director of the corporation or the receiver or trustee enpowered to execute this report as required by Chapter 6177. Florida Statutes: and that my same appears in	SIGNATURE . 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	Signature: typed or printed name of registered app OFFICERS ANI P OSTEAN, W. R. 1960 QUEENSWOOD DR. TALLAHASSEE FL TS BAGLEY, KATHY 2715 BOATNER DRIVE TALLAHASSEE FL D O'KELLY, FRANK 3109 CANMORE PL. TALLAHASSEE FL D O'KELLY, GAIL 3109 CANMORE PL. TALLAHASSEE FL D D BAGLEY, DAVID 2715 BOATNER DRIVE	DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Lites, the above-named corr is authorized by the corpora Florida Statutes. DTE: Registered Agent signature requi- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ired when reinstating)		Its registered registered RS IN 12 Addition

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