FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # 768135** 1. Entity Name 04-11-2001 90129 024 ****61.25 WALTON COUNTY POST NO. 4437 VETERANS OF FOREIGN Principal Place of Susiness Mailing Address 25 SOUTH 25TH ST 25 SOUTH 25TH ST DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 51-0205150 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Kousselaw eer Address (P.O. Box Number is Not Acceptable) TROLANO, ANTHONY 25 SMITH STREET **DEFUNIAK SPRINGS FL 32433** De Fuulak Spring Zip Code ろンサ3つ 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. Robert Rousselow Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Mullis, Roby & DANG SVI Change Addition TITLE TITLE Delete YOHN, LEE NAME RAME 370 JUNIPER LAKE RD. STREET ADDRESS STREET ADDRESS De Funda Springs FL 32433 CITY-ST-ZIP **DEFUNIAK SPINGS FL 32433** CITY-ST-ZIP Pelfrey, Roger L D 159 water Rd Deficiel Springs Fl TITLE 🔀 Delete SMITH, ROBERT R NAME NAME 585 COUNTRY CLUB DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete ROUSSELOW, ROBERT---NAME ! **675 DAVISON ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433** CITY-ST-ZIP ☐ Change ☐ Addition 11TH F TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ITTLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tips empowered. SIGNATURE: SIGNATURE: Daytime Phone