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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 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	Pursuant to office or reg agent. 1 am GNATURE S E E E E E E E E E E E E E E E E E E	b the provisions of Sectic gistered agept, or both, i familiar with, and accer of PD WOOD, KENNETH 10096 SO RIVIERA P HOMOSASSA FL 344 VPD GRAHE, GENE 8391 W SCOTT CT HOMOSASSA FL D HAMILTON, MARIE 8191 W. PIN OAK CT	T Billstered agent and title if a FICERS AND DIREC T 148		s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 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 6.3 STREET ADDRESS	ad when reinstating)	FL	RS IN 12 Addition