Bit         Trust Fund Contribution         L         Added to Fees           2         Opening         Enhis corporation has beliefy for imagable tax unders is 199.032. Fixed astudies is beliefy for imagable tax unders is 199.032.         Fixed astudies         Bit         Name and Address of Current Registered Agent         Ib. Name and Address of New Registered Agent         Bit         Name and Address of New Registered Agent         Bit         Name and Address of New Registered Agent         Bit         Name         Name         Bit         Name         Address of New Registered Agent         Bit         Name         Bit	ANNUA	ROFIT PORATION AL REPORT 996	Sandra Secre	ARTMENT OF ST a B. Mortham tary of State F CORPORATION		_		
Sul Place of Business     Melling Address       During Place of Business     P. 0. 60X 2555       CHARCOTE NC 28229 2555     P. 0. 60X 2555       Charless     P. 0. 60X 2555       State     P. 0. 60X 2555       Control     State       Control     State       Country     Zo       State     P. Country       Zo     Country		1ENT # 81858	6 (0)					
	CHARL(	otte Aircraft Corpor	ATION					
Situation End C 28229-2555       CHARLOTE NC 28229-2555       In the incorporation or Cualified 103/07/1985       3a. Date of Last Pecont 033/07/1985         Inc public Place of Business       2a. Making Address       ad.       F. F. Di Number       State Address       Incorporation or Cualified 103/07/1985         Inc, Apt. #, etc.       Suite, Apt. #, etc.       5. Conflicture of Satus Dearsed       Incorporation and Controlution       State Address       Incorporation and Interneting       State Address         2       Country       2       Country       2       Country       State Interneting       Interneting       State Address of New Registered Agent         9       Zountry       2       Country       2       Country       P. Prote Status Dearsed       Interneting       State Address of New Registered Agent         9       Zountry       2       Country       2       Country       Prote Status Country       Nonce         9       Zountry       2       Country       2       Country       Nonce       Prote Status Country       Nonce         9       Country       2       Country       End Country       Nonce       Nonce       Nonce       Nonce         9       Country       2       Country       End Country       Nonce       Nonce       Nonce <th></th> <th></th> <th>-</th> <th></th> <th></th> <th> ( )QD30) JD401 //601 (0101 01/01 49)</th> <th>ISA UBI OLULI UUUI UUUI</th> <th>II UIUII UIUII UIUII 100</th>			-			( )QD30) JD401 //601 (0101 01/01 49)	ISA UBI OLULI UUUI UUUI	II UIUII UIUII UIUII 100
O3/17/1965     O3/07/1985       18, Apt. #, etc.     Suite, Apt. #, etc.       26     Suite, Apt. #, etc.       37     Suite, Apt. #, etc.       27     Suite, Apt. #, etc.       28     Suite, Apt. #, etc.       29     Suite       20     Country       28     Country       29     Country       20     Country       28     Country       29     Country       20     Countr				29-2555		9. Data Invarianted as Ourseford	3a Data of L	ast Report
State       State <th< th=""><th></th><th></th><th></th><th></th><th></th><th>03/17/1965</th><th></th><th>7/1995</th></th<>						03/17/1965		7/1995
New April JP, etc.     Subtr. April JP, etc.     Subtr. April JP, etc.     Subtr. April JP, etc.       y & State     Chy & State     Chy & State     State. April JP, etc.     State. April JP, etc.       y & State     Country     Zp     Country     State. April JP, etc.     State. April JP, etc.       y & State     Country     Zp     Country     State. April JP, etc.     State. April JP, etc.       y & State     Country     Zp     Country     State. April JP, etc.     State. April JP, etc.       y & State     Country     Zp     Country     State. April JP, etc.     State. April JP, etc.       y & State     Country     Zp     Country     State. April JP, etc.     State. April JP, etc.       y & State     Country     Zp     Country     State. April JP, etc.     State. April JP, etc.       y & State     State. April JP, etc.     State. April JP, etc.     State. April JP, etc.     State. April JP, etc.       y & WILCOX, APTHUR L.     State. April JP, etc.       y & WILCOX, APTHUR L.     State. April JP, etc.     State. April JP, etc.     State. Appil JP, etc.     State. Appil JP, etc.       y & WILCOX, APTHUR L.     State. Appil JP, etc.     State. Appil JP, etc.     State. Appil JP, etc. <th>incipal Plac</th> <th>ce of Business</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Not Applicable</th>	incipal Plac	ce of Business						Not Applicable
A State     City & State     Country     Ze     Ze     Country     Ze     Ze     Country     Ze     Ze     Ze     Stress     Country     Ze     Ze     Ze     Ze     Stress     Ze	iite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		
Country     Zip	ty & State		City & State			Trust Fund Contribution	□ <b>\$</b>	<b>5.00</b> May Be Added to Fees
A Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name     10. Na	p		Zip			8. This corporation has liability for Florida Statutes	r intangible tax und s 🔲 No	der s 199.032,
WILCOX, ARTHUR L. ass WEST 66TH STREET HALEAN FL 33014					Name	10. Name and Address of New	Registered Ager	nt
Basis WEST 66TH STREET       Bail         HALEAH FL 33014       Bail         Answer for the provisions of Sectors 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am mailar with, and accept the obligations of Sectors 607 0502, Florida Statutes.         ATURE       Bail         General work and accept the obligations of Sectors 607 0507, Florida Statutes.       Interest agent of bond of changing its registered agent. I am mailar with, and accept the obligations of Sectors 607 0507, Florida Statutes.         ATURE       OFFICERS AND DIRECTORS       13.         OFFICERS AND DIRECTORS       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       Intre         I ADDRESS       Soft GLENKIRK ROAD         State       ChARLOTE, N C         V       ORLETE         MCCURRY, M L       22 NAVE         14 ADRESS       State I ADRESS         State       ORLETE         V       ORLETE         V       ORLETE         V       ORLETE         V       ORLETE         V       ORLETE         State I ADRESS       State I ADRESS         State I ADRESS       State I ADRESS         State I ADRESS       State I ADRESS         State I ADRESS	WILCOM	ARTHURI				ress (P.O. Box Number is Not Accords	ble)	
HIALEAR FL 33014  HIALEAR FL 3	835 WES	ST 68TH STREET			Subel Add			
PUP       PU       PU <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>5 70 000</th></t<>								5 70 000
Y registered agent, or both, in the State of Portag. Such refered agent, or both				B4	City			J Zip Code
PTD       DELETE       1 111LE       Change       Addition         1 ADDRESS       5601 GLENKIRK ROAD       13 STRET ADDRESS       Addition         51-2P       V       DELETE       2 111LE       Change       Addition         V       DELETE       2 111LE       Change       Addition         1 ADDRESS       1622 GENEVA COURT       22 NAME       Change       Addition         S1-2P       V       DELETE       2 111LE       Change       Addition         1 ADDRESS       1622 GENEVA COURT       23 STRET ADDRESS       Change       Addition         S1-2P       V       DELETE       3 STRET ADDRESS       Change       Addition         SCHMIDT, GEORGE D       32 NAME       3 STRET ADDRESS       SSGO WILTSEY RD SE       33 STRET ADDRESS         S1-2P       SALEM OR       32 NAME       33 STRET ADDRESS       Change       Addition         S1-2P       SD       DELETE       4 1117LE       Change       Addition         1 ADDRESS       2165 SHARON LANE       43 STRET ADDRESS       43 STRET ADDRESS       53 STRET ADDRESS         S1-2P       CHARLOTTE, N C       DELETE       51 TITLE       Change       Addition         1 ADDRESS       S12 AME       S3	er realistars	ad eacest, or both, in the State of Flori	nda i Such channe was allthor	176(1.0) 100 00(0)	amed corpo pration's boa	ration submits this statement for the pr and of directors. I hereby accept the ap	urpose of changin pointment as regi	ig its registered offic stered agent. I am
I ADDRESS       5601 GLENKIRK ROAD CHARLOTTE, N.C       13 Street ADDRESS         S1-2P       V       0ELETE       2 TITLE         WCCURRY, M L       22 AAAE       22 AAAE         14 ADDRESS       1622 GENEVA COURT       23 STREET ADDRESS         S1-2P       CHARLOTTE, N.C       24 OTV: S1-2P         V       0ELETE       3 STREET ADDRESS         S1-2P       CHARLOTTE, N.C       24 OTV: S1-2P         V       0ELETE       3 TITLE         S1-2P       CHARLOTTE, N.C       24 OTV: S1-2P         V       0ELETE       3 TITLE         S260 WLTSEY RD SE       3 STREET ADDRESS         S1-2P       SALEM OR       3 Change         S1-2P       Addition         S0       0ELETE       3 TITLE         S1-2P       SD       0ELETE         S1-2P       CHARLOTTE, N.C       0ELETE         S1-2P       OHELETE       3 STREET ADDRESS         S1-2P       CHARLOTTE, N.C       0ELETE         S1 ADDRESS       S3 STREET A	or registere familiar with	ed agent, or both, in the State of Fior h, and accept the obligations of, Sec Signature, typed or printed name of registered agen	Ida, Such change was author blion 607.0505, Florida Statule d and the Papelcase (P ND DIRECTORS	NOTE: Registered Agent	oration s tioa	es when reinstating)	DATE FICERS AND DIR	RECTORS IN 12
S1-2P       CHARLOTTE, N C       14.007-S1-2P         V       DELETE       2.110.6         MCCURRY, M L       22.8AME         14.00RESS       1622 GENEVA COURT         S1-2P       CHARLOTTE, N C         V       DELETE         S1-2P       CHARLOTTE, N C         V       DELETE         S1-2P       CHARLOTTE, N C         V       DELETE         SCHMIDT, GEORGE D       3.101.1         SCHMIDT, GEORGE D       3.101.1         SCHMIDT, GEORGE D       3.101.1         SCHMIDT, GEORGE D       3.101.1         SCHALEM OR	or registere familiar with	ed agent, or both, in the State of Fior h, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN PTD	Ida, Such change was author blion 607.0505, Florida Statule d and the Papelcase (P ND DIRECTORS	NOTE: Registered Agrini 13.	oration s tioa	es when reinstating)	DATE FICERS AND DIR	RECTORS IN 12
MCCURRY, M L       22 NAME         1400RESS       1622 GENEVA COURT         ST-2P       24 GTY-S1-2P         V       DELETE         SCHMIDT, GEORGE D       3 1 MLE         SCHMIDT, GEORGE D       3 2 NAME         SS0 WILTSEY RD SE       3 3 GET ADDRESS         SI-2P       Change         SALEM OR       3 4 DTY-S1-2P         SALEM OR       0 DELETE         SQ CALDWELL, MILDRED S       2 NAME         SI ADDRESS       2165 SHARON LANE         SI - 2IP       Change         CALDWELL, MILDRED S       4 STREEL ADDRESS         SI - 2IP       Change         Addition       Change         Addition       Change         Addition       Change         SO       Change         CALDWELL, MILDRED S       4 STREEL ADDRESS         SI - 2IP       Change         CHARLOTTE, N C       4 CIY-SI-2IP         CHARLOTTE, N C       DELETE         SI TADDRESS       3 STREEL ADDRESS         SI - 2IP       Change         Change       Addition         SI - 2IP       Change         I ADDRESS       3 STREEL ADDRESS         SI - 2IP       Change <td>or registere amiliar with</td> <td>ed agent, or both, in the State of Fior h, and accept the obligations of, Sec Signature, typed or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD</td> <td>Ida, Such change was author blion 607.0505, Florida Statule d and the Papelcase (P ND DIRECTORS</td> <td>12ed by the corp.           NOTE         Registered Agent           13.         1           1.2 NAME         1.2 NAME</td> <td>t sgnature require</td> <td>es when reinstating)</td> <td>DATE FICERS AND DIR</td> <td>RECTORS IN 12</td>	or registere amiliar with	ed agent, or both, in the State of Fior h, and accept the obligations of, Sec Signature, typed or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD	Ida, Such change was author blion 607.0505, Florida Statule d and the Papelcase (P ND DIRECTORS	12ed by the corp.           NOTE         Registered Agent           13.         1           1.2 NAME         1.2 NAME	t sgnature require	es when reinstating)	DATE FICERS AND DIR	RECTORS IN 12
I ADDRESS       1622 GENEVA COURT       2 3 STREET ADDRESS         ST-2P       CHARLOTTE, N C       2 4 0TY - S1-2IP         V       DELETE       3 1 TILE         SCHMIDT, GEORGE D       3 2 NAVE         3650 WILTSEY RD SE       3 3 StileET ADDRESS         SI-2IP       SALEM OR       3 4 0TI - S1-2IP         SD       DELETE       4 1 TI'LE         CALDWELL, MILDRED S       4 0TI - S1-2IP         I ADDRESS       2185 SHARON LANE         ST-2IP       CHARLOTTE, N C         I ADDRESS       2185 SHARON LANE         ST-2IP       DELETE         I ADDRESS       2185 SHARON LANE         ST-2IP       DELETE         I ADDRESS       2185 SHARON LANE         ST-2IP       DELETE         ST-2IP       DELETE         ST-2IP       Change         Addition       5 3 STREET ADDRESS         ST-2IP       DELETE         ST-2IP       Change         I ADDRESS       3 STREET ADDRESS         ST-2IP       DELETE         ST-2IP       Change         I ADDRESS       STREET ADDRESS         ST-2IP       STREET ADDRESS         ST-2IP       Change <tr< td=""><td>or registere amiliar with IATURE</td><td>ed agent, or both, in the State of Fior h, and accept the obligations of, Sec Signature, typed or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD</td><td>Ida. Such change was author tion 607.0505, Florida Statule d and the Happicase II ND DIRECTORS</td><td>NOTE Registered Agent 13. 1 i Title 1.2 NAME 1.3 STREET 1.4 CITY-S</td><td>ADDRESS</td><td>es when reinstating)</td><td></td><td>RECTORS IN 12 hange Addition</td></tr<>	or registere amiliar with IATURE	ed agent, or both, in the State of Fior h, and accept the obligations of, Sec Signature, typed or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD	Ida. Such change was author tion 607.0505, Florida Statule d and the Happicase II ND DIRECTORS	NOTE Registered Agent 13. 1 i Title 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS	es when reinstating)		RECTORS IN 12 hange Addition
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SCHMIDT, GEORGE D       32 NAME         J ADDRESS       3650 WILTSEY RD SE         SI-7IP       SALEM OR         SALEM OR       34 O(TY - S1-2IP         SD       DELETE         CALDWELL, MILDRED S       42 NAME         LI ADDRESS       2185 SHARON LANE         S1-7IP       CHARLOTTE, N C         CHARLOTTE, N C       44 CITY - S1-2IP         CHARLOTTE, N C       44 CITY - S1-2IP         DELETE       5 1 TITLE         S1-7IP       DELETE         CHARLOTTE, N C       44 CITY - S1-2IP         CHARLOTTE, N C       44 CITY - S1-2IP         DELETE       5 1 TITLE         S1 ADDRESS       53 STHEFT ADDRESS         S1-7IP       DELETE         DELETE       6 1 TITLE         S1 ADDRESS       53 STHEFT ADDRESS         S1-7IP       DELETE         DELETE       6 1 TITLE         S1 ADDRESS       64 CITY - S1-7IP         S1 ADDRESS       63 STHEFT ADDRESS         S1-7IP       64 CITY - S1-7IP         Lido beresby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further <td>T ADDRESS</td> <td>ed agent, or both, in the State of Forr h, and accept the obligations of, Sec Signature, by ed or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT</td> <td>Ida. Such change was author tion 607.0505, Florida Statule d and the Happicase II ND DIRECTORS</td> <td>NOTE: Registered Agent 13. 1 1 Title 1 2 NAME 1.3 STREET 1.4 City-S 2 1 Title 2 2 NAME 2 3 STREET</td> <td>ADDRESS</td> <td>es when reinstating)</td> <td></td> <td>RECTORS IN 12 hange Addition</td>	T ADDRESS	ed agent, or both, in the State of Forr h, and accept the obligations of, Sec Signature, by ed or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT	Ida. Such change was author tion 607.0505, Florida Statule d and the Happicase II ND DIRECTORS	NOTE: Registered Agent 13. 1 1 Title 1 2 NAME 1.3 STREET 1.4 City-S 2 1 Title 2 2 NAME 2 3 STREET	ADDRESS	es when reinstating)		RECTORS IN 12 hange Addition
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SD       DELETE       4 1 TirLE       Change       Addition         I ADDRESS       2185 SHARON LANE       4.3 SIREELADDRESS       4.4 CITY - ST - ZIP       Change       Addition         ST - ZIP       CHARLOTTE, N C       4.4 CITY - ST - ZIP       Change       Addition         I ADDRESS       2185 SHARON LANE       4.3 SIREELADDRESS	T ADDRESS	A agent, or both, in the State of Forr h, and accept the obligations of, Sec Signature, byod or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT CHARLOTTE, N C V SCHMIDT, GEORGE D	Ida. Such change was author tion 607.0505, Florida Statute Id and the Happicase Id ND DIRECTORS	12ed by the corp.           13.           1 1 THUE           1.3 STREET           1.4 CITY-S           2 1 THUE           2 3 STREET           2 4 CITY-S           3.1 THUE           3 2 NAME           3 2 NAME	ADDRESS 1-2IP ADDRESS 1-2IP	es when reinstating)		RECTORS IN 12 hange Addition
CALDWELL, MILDRED S       42 N4ME         1 ADDRESS       2185 SHARON LANE         ST-ZIP       CHARLOTTE, N C         DELETE       5 1 TITLE         DELETE       5 1 TITLE         ST-ZIP       DELETE         DELETE       6 1 TITLE         DELETE       6 1 TITLE         Change       Addition         ST-ZIP       DELETE         DELETE       6 1 TITLE         Change       Addition         ST-ZIP       DELETE         Change       Addition         ST-ZIP       DELETE         Addition       6 2 NAME         ST-ZIP       DELETE         Change       Addition         ST-ZIP       Change         Laboress       64 CiTY - ST-ZIP         ST-ZIP       64 CiTY - ST-ZIP         Laboress       64 CiTY - ST-ZIP         ST-ZIP       64 CiTY - ST-ZIP         Laboress       64 CiTY - ST-ZIP         ST-ZIP       64 CiTY - ST-ZIP         Laboresy certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)Kk. Florida Statutes. I further	r registerer amiliar with IATURE S I ADDRESS S1-ZIP I ADDRESS S1-ZIP	A agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, byod or printed name of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT CHARLOTTE, N C V SCHMIDT, GEORGE D 3650 WILTSEY RD SE	Ida. Such change was author tion 607.0505, Florida Statute Id and the Happicase Id ND DIRECTORS	12ed by the corp.           13.           1 1 The           1.3 STREET           1.4 City - S           2 1 The           2 3 STREET           2 4 City - S           3.1 THE           3 2 NAME           3 3 STREET	ADDRESS 1-2IP I ADDRESS 1-2IP	es when reinstating)		RECTORS IN 12 hange Addition
I ADDRESS       2165 SHARON LANE       4.3 STREET ADDRESS         ST-ZIP       CHARLOTTE, N C       44 CITY - ST-ZIP         I ADDRESS       DELETE       5 1 TITLE         ST-ZIP       DELETE       5 1 TITLE         I ADDRESS       S3 STHEET ADDRESS         ST-ZIP       DELETE       6 1 TITLE         I ADDRESS       S4 CITY - S1-ZIP         ST-ZIP       DELETE       6 1 TITLE         I ADDRESS       S4 CITY - S1-ZIP         ST-ZIP       DELETE       6 1 TITLE         I ADDRESS       64 C/TY - S1-ZIP         I ADDRESS       64 C/TY - S1-ZIP	r registerer amiliar with IATURE S I ADDRESS S1-ZIP I ADDRESS S1-ZIP	A agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, byod or printed name of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT CHARLOTTE, N C V SCHMIDT, GEORGE D 3650 WILTSEY RD SE SALEM OR	Ida. Such change was author tion 607.0505, Florida Statute Id and the Happicase (1 ND DIRECTORS DELETE	12ed by the corp.           NOTE Registered Agent           1           1           1           1.3           1.4           1.3           1.4           1.3           1.4           1.3           1.4           1.3           1.4           1.3           2.1           1.4           2.2           2.1           2.2           2.3           2.3           2.4           2.3           3.1           1.1LF           3.2           3.3           3.1           1.1           3.3           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4           3.4	ADDRESS 1-2IP I ADDRESS 1-2IP	es when reinstating)		RECTORS IN 12 hange Addition
It ADDRESS       5 1 Title       Change       Addition         S1 ZIP       52 NAME       53 STHEET ADDRESS       54 CITY - S1 - ZIP         It ADDRESS       54 CITY - S1 - ZIP       It Change       Addition         It ADDRESS       54 CITY - S1 - ZIP       It Change       Addition         It ADDRESS       54 CITY - S1 - ZIP       It Change       Addition         It ADDRESS       54 CITY - S1 - ZIP       It Change       Addition         It ADDRESS       64 CiTY - S1 - ZIP       It Change       Addition         It ADDRESS       64 CiTY - S1 - ZIP       It can be and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further	r registerer amiliar with IATURE S I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP	A agent, or both, in the State of Fior h, and accept the obligations of, Sec Signature, byod or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT CHARLOTTE, N C V SCHMIDT, GEORGE D 3650 WILTSEY RD SE SALEM OR SD CALDWELL, MILDRED S	Ida. Such change was author tion 607.0505, Florida Statute Id and the Happicase Id ND DIRECTORS	12ed by the corp.           95.           NOTE Registered Agent           1           1           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           1.3.           2.1.           1.4.           2.1.           2.1.           2.1.           2.1.           2.1.           2.1.           2.1.           2.1.           2.1.           3.1.           3.1.           3.1.           3.3.           3.3.           3.4.           3.3.           3.4.           3.4.           1.1.           4.1.           1.1.           4.1.           4.1.           4.1.           4.1.           4.1.	ADDRESS 1-2IP ADDRESS 1-2IP I ADDRESS 1-2IP	es when reinstating)		RECTORS IN 12 hange Addition
17 ADDRESS       5 2 NAME         S1 ZIP       5 3 STREET ADDRESS         S1-ZIP       5 4 CITY - SI - ZIP         In DDLETE       6 1 101LE         In ADDRESS       6 2 NAME         In ADDRESS       6 3 STREET ADDRESS         S1-ZIP       6 3 STREET ADDRESS         S1-ZIP       6 4 CITY - S1 - ZIP         In ADDRESS       6 4 CITY - S1 - ZIP         In ADDRESS       6 4 CITY - S1 - ZIP         In ADDRESS       6 4 CITY - S1 - ZIP         In ADDRESS       6 4 CITY - S1 - ZIP	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	A agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, byod or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT CHARLOTTE, N C V SCHMIDT, GEORGE D 3650 WILTSEY RD SE SALEM OR SD CALDWELL, MILDRED S 2185 SHARON LANE	Ida. Such change was author tion 607.0505, Florida Statute Id and the Happicase Id ND DIRECTORS	12ed by the corp.           9S.           NOTE Registered Agent           1           1           1           1.3.           1.4.017-S           2           2.1.011           2.2.2.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.2.2.1.011           2.3.1.011           3.2.2.1.011           3.2.2.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011           3.3.1.011	ADDRESS 1-2IP I ADDRESS 1-2IP I ADDRESS 1-2IP ADDRESS	es when reinstating)		RECTORS IN 12 hange Addition
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IT ADDRESS       6.3 STREET ADDRESS         ST-ZIP       6.4 C/TY - ST-ZIP         Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k).	r registere amiliar with IATURE	A agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, byod or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT CHARLOTTE, N C V SCHMIDT, GEORGE D 3650 WILTSEY RD SE SALEM OR SD CALDWELL, MILDRED S 2185 SHARON LANE	Ida. Such change was author tion 607.0505, Florida Statute Idand the Marphcase // ND DIRECTORS // DELETE // DELETE DELETE DELETE DELETE	12ed by the corp.           1         1           1         1           1         1           1.3.         1           1.4.011/E         1.2.04ME           1.3.5176E1         1.4.017-S           2.1.111/E         2.2.04ME           2.3.5176E1         2.4.017-S           2.4.017-S         3.1.101/E           3.3.5186E1         3.4.017-S           3.4.017-S         4.1.171/E           4.2.014-S         5.1.171/E           5.1.1712         5.1.171/E           5.3.5186E1         5.3.5186E1           4.4.017-S         5.1.171/E           5.3.5186E1         5.3.5186E1	ADDRESS 1-2IP ADDRESS 1-2IP I ADDRESS 1-2IP ADDRESS 51-2IP I ADDRESS 51-2IP	es when reinstating)		RECTORS IN 12 hange Addition hange Addition
Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further	r registere amiliar with IATURE	A agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, byod or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT CHARLOTTE, N C V SCHMIDT, GEORGE D 3650 WILTSEY RD SE SALEM OR SD CALDWELL, MILDRED S 2185 SHARON LANE	Ida. Such change was author tion 607.0505, Florida Statute Idand the Marphcase // ND DIRECTORS // DELETE // DELETE DELETE DELETE DELETE	12801 Opt The Corp.C           98.           NOTE Registered Agent           1           1           1           1.1           1.2           1.3           1.3           1.4           1.3           1.4           1.3           1.4           1.3           2.1           1.4           2.3           2.4           2.3           3.1           3.2           3.3           3.4           2.3           3.4           3.3           3.4           3.3           3.4           3.3           3.4           3.3           3.4           3.3           3.4           3.4           3.3           3.4           3.4           3.4           4.1           4.2           4.4           3.3           3.4           4.4           5.3           5.4	ADDRESS 1-2IP ADDRESS 1-2IP I ADDRESS 1-2IP ADDRESS 51-2IP I ADDRESS 51-2IP	es when reinstating)		RECTORS IN 12       hange     Addition       hange     Addition       hange     Addition       hange     Addition       hange     Addition       hange     Addition
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	x registere amiliar with IATURE	A agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, byod or printed nerve of registered agen OFFICERS AN PTD CALDWELL, HAROLD J 5601 GLENKIRK ROAD CHARLOTTE, N C V MCCURRY, M L 1622 GENEVA COURT CHARLOTTE, N C V SCHMIDT, GEORGE D 3650 WILTSEY RD SE SALEM OR SD CALDWELL, MILDRED S 2185 SHARON LANE	Ida. Such change was author tion 607.0505, Florida Statute Idand the Marphcase // ND DIRECTORS // DELETE // DELETE DELETE DELETE DELETE	12ed by the corp.           95.           NOTE Registered Agent           1           1           1.1           1.2           1.3.           1.3.           1.4           1.2           1.3.           1.4           1.3.           1.4           1.3.           2.1           1.4           2.2           2.1           2.2           2.3           3.1           2.4           2.3           3.1           3.2           3.3           3.4           3.3           3.4           4.1           4.2           4.3           3.3           3.4           4.4           4.4           5.3           5.1           5.1           5.2           6.1           5.3           5.3           5.4           5.5           5.1           5.1           5.2	ADDRESS 1-ZIP ADDRESS 1-ZIP I ADDRESS 1-ZIP I ADDRESS 1-ZIP I ADDRESS 1-ZIP I ADDRESS 1-ZIP I ADDRESS 1-ZIP	es when reinstating)		RECTORS IN 12       hange       hange       Addition       hange       Addition
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