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14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplementation and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further	 Pursuant t or register familiar wil SIGNATURE _ III.E VAME STREET ADDRESS VY - ST- ZIP III.E VAME STREET ADDRESS VY - ST- ZIP III.E IAME ITY - ST- ZIP 	to the provisions of Sections 607 05/02 red agent, or both, in the State of Ford th, and accept the obligations of, Secto Signature, bred or protecting accepting date OFFICERS AND T BACHMAN, CAROLYN 6619 9TH AVE, NORTH ST. PETERSBURG FL 33710 P BACHMAN, RUSSELL 6619 9TH AVE, NORTH	D DIRECTORS D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	B4 Orty utles, the above named corporation's boarders. nized by the corporation's boarders. 13. 1 1 DTLE 1 2 NAME 1 3 STREET ADDRESS 1 4 (DY-ST-ZIP) 2 1 TITLE 2 3 STREET ADDRESS 2 4 (DY-ST-ZIP) 3 1 DTLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 DTLE 4 2 NAME 4 3 STREET ADDRESS 2 4 GITY-ST-ZIP 5 1 DTLE 5 3 STREET ADDRESS 2 4 GITY-ST-ZIP 5 1 DTLE 5 3 STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 5 1 DTLE 6 1 DTLE 6 2 NAME	Tration submits this statement for the purpose of changing its registered office rd of directors. I hereby accept the appointment as registered agent. I am d when recidengs UATE ADDITIONS/CHANGES TO OFFICEERS AND DIRE CTOFIS IN 12 Change Addition Change Addition Change Addition Change Addition 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 is 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 607, Florida Statutes; and that ny name accears in Block 12 or Block 13 if charged, or on an attachment with an oddeers	 Pursuant t or register familiar wil SIGNATURE _ III.E IIII.E III.E I	to the provisions of Sections 607 05/02 red agent, or both, in the State of Ford th, and accept the obligations of, Secto Signature, bred or protecting accepting date OFFICERS AND T BACHMAN, CAROLYN 6619 9TH AVE, NORTH ST. PETERSBURG FL 33710 P BACHMAN, RUSSELL 6619 9TH AVE, NORTH	D DIRECTORS D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	B4 Orty utles, the above named corporation's boarders. nized by the corporation's boarders. 13. 1 1 DTLE 1 2 NAME 1 3 STREET ADORESS 1 4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADORESS 2 4 CITY-ST-ZIP 3 1 DTLE 3 2 NAME 3 3 STREET ADORESS 3 4 CITY-ST-ZIP 4 1 DTLE 4 3 STREET ADORESS 4 4 GITY-ST-ZIP 5 1 DTLE 5 3 STREET ADORESS 4 4 GITY-ST-ZIP 5 1 DTLE 5 3 STREET ADORESS 5 4 CITY-ST-ZIP 6 1 DTLE 6 2 NAME 6 3 STREET ADORESS	Tration submits this statement for the purpose of changing its registered office rd of directors. I hereby accept the appointment as registered agent. I am at when recidengs UATE ADDITIONS/CHANGES TO OFFICEERS AND DIRE CTOFIS IN 12 Change Addition Change Addition Change Addition Change Addition Addition