FILED Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90094 009 ***158.75

Principal Place of Business 14463 W. COLONIAL P.O. BOX 770337 WINTER GARDEN FL 34777-7337 US 2. Principal Place of Business			Mailing Address PO BOX 365 FENTON MI 48430 US 3. Mailing Address P.O. BOX 770337					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State Winter barden FL		2	4. FEI Number 38-1818208		Applied For Not Applicable
Zip	Country 3477			37 USA		5. Certificate of Status Desired \$8.75 Additional Fee Required		dditional ed:
	6. Name	and Address of Current F	Registered Agent			7. Name and Address of New Regi	stered Agent	
	DALE A KE LOUISA NT FL 3471		Street Address (I					
				LERY	nout	FL 🛱	11	
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 Fiorida.								
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filing	_	ible to satisfy its intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat		550.00	10. Election Campaign Financ Trust Fund Contribution.		00 May Be ed to Fees
11.		OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		THOMAS A. KESHORE DR. IT FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ريد	RMODT FL 34	` X Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HEODORE (E LOUISA RD T FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THEC	DOORE D. DEWITH	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP-		IMOTHY A. DROUGHBRED LANE DE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mon	UTUENDE FL-3	. X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEWITT, D 10215 LAK CLERMON	(E LOUISA RD	_ □ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLE	ERMOUT	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEVERNS, 10479 RUI FENTON N	NYAN LAKE POINT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	II	7 CHAMPIONS CO	✓ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if								

SIGNATURE: