

FILED
Mar 13, 2008 8:00 am
Secretary of State

DOCUMENT # C10017

The seal of the State of Florida is a circular emblem. It features a central shield with a palm tree and a sun. The shield is surrounded by a wreath. The outer border of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

Mailing Address
C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E037 (12/06)

Applied For
Not Applied

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____
 Lynn, Richard Edward _____
 220 Ocean Street _____
 Jacksonville, Florida 32202 _____

F1	Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees


**Make check payable to
Florida Department of State**

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RALPH LEE	
STREET ADDRESS	1545 ENGLS RD	
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	 Delete
NAME	PRYOR, ALFRED EUGENE	
STREET ADDRESS	96 MAGNOLIA AVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	

TITLE	SENIOR WARDEN	(10)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Thomas Michael Anderson			
STREET ADDRESS	5302 County Highway 1883			
CITY-ST-ZIP	Defunick Springs FL 33432-3			

TITLE	T	<input checked="" type="checkbox"/> Delict
NAME	MCHENRY, JAMES RAY	
STREET ADDRESS	668 TWIN LAKES DR	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	

TITLE	JUNIOR WARDEN.	(D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Timothy Eugene Steele			
STREET ADDRESS	95 Pond Creek Rd			
CITY-ST-ZIP	Crestview FL 32539-7605			

TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, DANIEL L	
STREET ADDRESS	321 HAYES RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> Deleted
NAME	DONALDSON, LYNN F	
STREET ADDRESS	9563 HWY 83 N	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE _____ ☐ Deleted
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: Lynn F. Donaldson LYNN F. DONALDSON March 3, 2008 850-859-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #