2004 IINICODM PURINESS DEBORT (UPD)

200	I UNIFURM BUSI	NESS REPU	וחי	(UDI	<u> </u>	:	91			8
DOCUMENT # F0000007020 1. Entity Name							04-09-2 FIL	2001 90041 026 F0000000070		5
FIRST NATIONAL BANKETTE CORPORATION										
		\$. #		Ì	0	1 MAY -7	7 PM 4: 31		
Principal Place of Business Mailing Address						c	CODETADY	OF STATE		
211 LAKEWOO		211 LAKEWOOD DRIVE			•	3 T <i>I</i>	MITAHASS	OF STATE EE, FLORIDA		
DEFUNIAK SPE	RINGS FL 32425	DEFUNIAK SPRINGS FL 324	125		İ	• •	144	·		
1						1 (64) (27 (1))	(2) \$1 (1) \$1 (1) \$1	 	 	
2. Principal F	Place of Business	3. Mailing Address			_					!
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS SPACE		•
City & Stat		City & State			4	FEI Number			Applied For	٦.
City & Stat		Only & State					84-069075	4	Not Applicable	e
Zip	Country	Zip	Countr	У	5.	Certificate of	Status Desired	□ \$8.75 Fee Requ	Additional iired	1.
	6. Name and Address of Current R	legistered Agent			7.	Name and A	ddress of New R	legistered Agent		
Name						<u></u>		نئه مئه		
SIMPSON, WM. A 211 LAKEWOOD DRIVE				Street A	daress (P.O. E	3ox Number	s Not Acceptable	9)		
DEFUNIAK SPRINGS FL 32435										_
				City				FL Zip C	ode	
8. The above	named entity submits this statement for	the purpose of changing its	registered	office or	registered ag	ent, or both,	in the State of Flo	orida.		7 .
									1	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re						einstating) st.	r att At	o erDATE eko	es ereg or in i	Court was profing
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!			•,•	10. Electi	on Campaign Fin	nancing SS	.00 May Be	By Bill in April 1
	requirement and elects to do so.	After MAY 1, 200 Make Check Payab				Trust	Fund Contribution	n. Proe. □ Add	led to Fees	त्र कराब क्षेत्र होते. इ. कराब क्षेत्र होते
11.	OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CI	IANGES TO OFF	ICERS AND DIRECTO		
TITLE *	PD NAPTUA A	Delete ·	18TLE 18AME	' (-)) 17301, 17	151 43 5		i p ∐ Chang	e } ☑ Addition	(10/00) (10/00)
STREET ADDRESS	SIMPSON, MARTHA A 211 LAKEWOOD DRIVE	·	: TREET	ADDRESS 2	at LIKEVIO	OF TOTAL			(F.43) 1.43	S C KEE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	☐ Delete	CITY-S	T-ZIP i`	-11 VIBN SE	<u> </u>		Chang	e 🔲 Addition	7 (0
TITLE NAME	ST SIMPSON, WM. A	سا مورمرو	HAME		73.5	1 ,				,
STREET ADDRESS CITY-ST-ZIP	211 LAKEWOOD DRIVE		EIREET City-s	ADDRESS T-ZIP		, a section of	4UUU -	11 04324 05/29/010		d7
TITLE	DEFUNIAK SPRINGS FL 32435 D	☐ Delete	TIFLE			·	3	*************************************	e A Production	M).75
NAME: STREET ADDRESS	SIMPSON, WM. R	erica per escapa de la composición de l La composición de la	LITIAME STREET	ADORESS	·		·			_
CITY-ST-ZIP	BOX 180 Belmopan, Belize Central Am	l	t ITY-S	1-2IP						4
TITLE NAME		☐ Celete	TITLE					Chang	e 🔲 Addition	
STREET ACCRESS				ADDRESS					_	
CITY-ST-ZIP		Delete	City-S	1-ZIP				☐ Chang	Addition	
NAME		, C) back	1 AME			•		,,		
STREET ADDRESS CITY-ST-ZIP			STREET	adoress 1-zip		•	**			Į
TITLE	<u></u>	☐ Delete	TITLE			** 1		Chang	e 🔲 Addition	7
NAME STREET ADDRESS		•	F AME STREET	ADORESS	•	70	7			
CITY-ST-ZIP			C'TY-S			7 (D)	·			_
indicated	ertify that the information supplied with the on this report or supplemental report is to	rue and accurate and that m	v slo∩atur	e shall ha	ive the same I	egal effect a	s if made under o	eath; that I am an offic	er or director	
of the corp changed,	poration or the receiver or trustee empow or on an attachment with an address	thall other like empowered.				oa Statutes;	and that my name	e appears in Block 11	OF BIOCK 12 If	
SIGNATURE: LIST SCHATURE AND TYPED OR PRINTIP MAKE OF FICHING OFFICER OR DIRECTOR 4-5-01 850. 892-4551 Date Desymme Phone 8										