

DOCUMENT # F59132

### 1. Entity Name

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

\_\_\_\_\_

Principal Place of Business	Mailing Address
225 N. SECOND STREET P.O. BOX 1321 PALATKA FL 32178	225 N. SECOND STREET P.O. BOX 1321 PALATKA FL 32178-1321

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-2148246	Applied For
		Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

### 7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

<b>12.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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STREET ADDRESS		
CITY - ST - ZIP		

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

SIGNATURE: Edward T. Powell EDWARD T. POWELL 1-5-2000 904 328-6701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)