B GREATTREE ST. PO. BOX 5 PO. B	CORF ANNU	PROFIT PORATION AL REPORT 1996		DA DEPARTM Sandra B. M Secretary o SION OF COF	f State				
		MENT # F725	99	(6)					
Marcy Decord Reames Marcy Address # OREUMER ST. POLICONS STREST. POLICONS STREST. P	SUDL	OW CONSTRUCTION CO	RPORATION						
PC: BOX 5 PC: BOX 5 Principio 7 Decision 5 FL 3447 PC: BOX 5 Principio 7 Decision 5 FL 3447 Principio 7 Decision 5 FL 3447 Principio 7 Decision 5 FL 3447 Principio 7 Decision 5 FL 3447 Principio 7 Decision 5 FL 3447 Principio 7 Decision 5 FL 3447 Principio 7 Decision 5 FL 3447 Principio 7 Decision 5 FL 3447 Suble Apt #, etc. 20 Suble Apt #, etc. 20 City & State Control 7 City & State Exc. Malling Address of Current Registered Agent Zip 20 SUDUOW, JAMES T. 30 Ag Generative Test State 7 20 SUDUOW, JAMES T. 30 SUDUOW, JAMES T. 30 <tr< th=""><th>rincipal Place</th><th>of Business</th><th>Mailing Address</th><th>\$</th><th>·····</th><th></th><th>UNAL (ENAL DIN UN</th><th>IL BIUTI BIBIE DINI</th><th> </th></tr<>	rincipal Place	of Business	Mailing Address	\$	·····		UNAL (ENAL DIN UN	IL BIUTI BIBIE DINI	
E. Process Flace of Business Z. Multing Address 4. FE Number Answer for Solate, Apl. #, etc. Solate, Apl. #, etc. Solate, Apl. #, etc. S. Cerification of Status Desired Solate, Apl. #, etc. Solate	P.O. BOX 5		P.O. BOX 5	5	L 34447		lified 3a. D		
State Suite Suite <th< th=""><th>- ·</th><th>ce of Business</th><th></th><th>iress</th><th></th><th>4. FEI Number</th><th>l</th><th></th><th>oplied For</th></th<>	- ·	ce of Business		iress		4. FEI Number	l		oplied For
Ory & State Diversion State 20 20 20 20 </td <td>Suite, Apt. #</td> <td>, etc.</td> <td>Suite, Apt. :</td> <td>#, etc.</td> <td></td> <td></td> <td>ed 🔲</td> <td>\$8.75</td> <td>Additional</td>	Suite, Apt. #	, etc.	Suite, Apt. :	#, etc.			ed 🔲	\$8.75	Additional
Image: State of the second state of the sec	City & State		City & State				ing □	\$5.00	May Be
A state and Address of Current Registered Agent Address of Current Registered Agent SUDLOW, JAMES T. 40 GREENTREE ST. HOMOSASSA FL 34446 B1 Street Address (P.O. Box Number is Not Acceptable) B2 Street Address (P.O. Box Number is Not Acceptable) B3 B Corr Construct The provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above named corporation submits the statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florids. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered affect or registered agent, or both, in the State of Florids. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and cocept the object on States. SUDLOW, JAMES T Termiter with and cocept the object on States. SUDLOW, JAMES T Termiter with and cocept the object on States. SUDLOW, JAMES T Termiter with and cocept the object on States. SUDLOW, JAMES T Termiter with and the cocept and on States. SUDLOW, JAMES T Termiter with and the state of the states of the states. SUDLOW, JAMES T SUDLOW, JAMES T Termiter with and the state of the states. SUDLOW, SAMME K		Country			- <i>'</i>	8. This corporation has liabil	ity for intangible		
SUDLOW, JANES T. 40 GREENTREE ST. HOMOSASSA FL 34446 81 41 Chy 42 Chy 44 Chy 44 Chy 45 Street Address (P.O. Box Number is Not Acceptable) 46 Chy 47 Persuant to the provisions of Soctorie 607 (5502 and 607 1508, Florids Statutes, the above named corporation submits this statument for the purpose of charging its registered of decore in registered agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the purpose of decores the acceptable agent. I amount of the accept	<u>J</u>				<u> </u>		- ••	d Agent	
48 GREENTREE ST. 89 44 Grave 64 Grave 45 Grave 64 Grave 46 Grave 64 Grave 47 Derivant to the provisions of Sectors 607.0502 and 607.1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing like registered agent, a both in the State of Finds. Such change was submitized by the corporation's board of declors. I hereby accept the appointment as registered agent, a model accept the objactions of Sectors 607.0502 and 607.1508. Florids Statutes. KCNATURE The provision's of Sectors 607.0502 and 607.1508. Florids Statutes. CRNATURE OFFICERS AND DIFECTORS 2. OFFICERS AND DIFECTORS 3. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS 48 GREENTREE ST. 1.3 SIREFADORSS 11.11/L 1.2 MME 12.11/LE D 12.11/LE 1.2 MME 13.11/LE D 14.00RSS 1.2 TITLE 15.12/20 1.2 MME 16.1 D 17.12/20 OPENCERS AND DIFECTORS 18.1 1.2 TITLE 12.11/LE 1.2 TITLE 12.11/LE 1.2 TITLE 12.11/LE 1.2 TITLE 12.11/LE 2.1 MME					81 Name				
Programment to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above named corporation submits this statement for the purpose of change in registered egent, or both, in the State of Fords, Sico, change was submits the statement of directors. I hereby accept the appointment as registered egent, and accept the objected agent as registered egent. I am final statutes. SNATURE September degent and displayed agent and the # actable OFFICERS AND DIRECTORS I a. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS I a. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS A GREENTREE ST. HOMOSASSA FL DELETE I TITLE DELETE I TITLE Change Addition Ket ADDRSS V-ST-2P OFFICERS ADDITIONS/CHANGES Addition Ket ADDRSS V-ST-2P DELETE I TITLE DELETE I TITLE Addition Ket ADDRSS V-ST-2P OFFICERS ADDITIONS/CHANGES Addition Ket ADDRSS V-ST-2P DELETE I TITLE DELETE I TITLE DELETE I TITLE Addition Ket ADDRSS V-ST-2P OFFICERS ADDITIONS/CHANGES Addition Ket ADDRSS V-ST-2P DELETE I TITLE DELETE I TITLE DELETE I TITLE Addition Ket ADDRSS V-ST-2P Addition Ket ADDRSS V-ST-2P OFFICERS ADDITIONS/CHANGES Addition Ket ADDRSS V-ST-2P Addition Ket ADDRSS ADD Addition Ket ADDRSS ADD Addition Ket ADDRSS ADD Addition Ket ADDRSS ADD Addition ADD ADD	48 GRI	EENTREE ST.							
	HOMO	00000 FL 39990							
Life PD DELETE 1.1 TITLE Change Addition ANE SUDLOW, JAMES T 12 NAME 13 STREFT ADDRESS 13 STREFT ADDRESS HOMOSASSA FL 14 DTY-ST-2P 14 DTY-ST-2P Change Addition TY-ST-2P HOMOSASSA FL 14 DTY-ST-2P Change Addition AME SUDLOW, SAMMIE K 22 NAME 23 STREFT ADDRESS 48 GREENTREE ST. 23 STREFT ADDRESS TY-ST-2P HOMOSASSA FL 23 STREFT ADDRESS 14 DTY-ST-2P Change Addition NKE FT ADDRESS 48 GREENTREE ST. 23 STREFT ADDRESS 13 STREFT ADDRESS 14 DTY-ST-2P			00 and 007 1500 Flori	de Otalistan di		votion to bails this statement for			
NM: SUDLOW, JAMES T 12 NAME Inret Appress 46 GREENTREE ST. 13 SIRET Appress HOMOSASSA FL 14 DTY-ST-2/P HOMOSASSA FL 14 DTY-ST-2/P AME D DELETE SUDLOW, SAMME K 22 NAME SUDLOW, SAMME K 22 NAME SUDLOW, SAMME K 22 NAME Inv.st.2/P HOMOSASSA FL Inv.st.2/P Change HOMOSASSA FL 24 DIY-ST-2/P Inv.st.2/P DELETE STIPLE DELETE STIPLE Change Addition AME SUBLOW, SAMME K SUBLO	1. Pursuant te or registere familiar witi	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Sgnature, typed or printed name of registered ag	orida. Such change was oction 607.0505, Florida ant and the if applicable	s authorized by a Statutes.	te above-named corpor y the corporation's box systemed Agent signature requir	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	agistered office agent. I am
HOMOSASSA FL 14 DTY-ST-2/P Intel D DELETE 2 1 TITLE AME SUDLOW, SAMME K 22 XAME TY-ST-2/P 48 GREENTREE ST. 23 STREET ADDRESS HOMOSASSA FL 24 DTY-ST-2/P HOMOSASSA FL 23 STREET ADDRESS HOMOSASSA FL 23 STREET ADDRESS HOMOSASSA FL 23 STREET ADDRESS HOMOSASSA FL 3 STREET ADDRESS Intel DELETE 3 STREET ADDRESS 33 STREET ADDRESS Intel ADDRESS 34 GTTY-ST-2/P Intel ADDRESS 34 GTTY-ST-2/P Intel ADDRESS 34 GTTY-ST-2/P Intel ADDRESS 34 GTTY-ST-2/P Intel ADDRESS 44 DTY-ST-2/P Intel ADDRESS 43 STREET ADDRESS Intel ADDRESS 43 STREET ADDRESS Intel ADDRESS 53 STREET ADDRESS	 Pursuant to or registere familiar witi SIGNATURE 2. 	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Sgnatue, types or printed name of registered ag OFFICERS A	nida, Such change was rotion 607.0505, Florida ant and title if a plicable ND DIRECTORS	s authorized by a Statutes. (NOTE: Re	te above-named corpo y the corporation's box postered Agent signature requir 13.	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	egistered office agent. I am RS IN 12
Inte D DeleTie 2 1 TrLF Change Addition AME SUDLOW, SAMMIE K 22 MAME 23 SIREET ADDRESS 48 GREENTREE ST. 23 SIREET ADDRESS HOMOSASSA FL 24 CITY-ST-2P 24 CITY-ST-2P Change Addition AME 32 SIREET ADDRESS 33 SIREET ADDRESS Addition AME 32 NAME 32 SIREET ADDRESS Addition AME 32 SIREET ADDRESS 33 SIREET ADDRESS Addition ITLE DELETE 3 1 TITLE Change Addition AME 32 SIREET ADDRESS 33 SIREET ADDRESS Addition ITLE DELETE 4 11TLE Change Addition MAE 24 CITY-ST-2P	1. Pursuant to or registere familiar with IGNATURE 2. 11.6	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Sgnature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T	nida, Such change was rotion 607.0505, Florida ant and title if a plicable ND DIRECTORS	s authorized by a Statutes. (NOTE: Re	The above-named corporation's box by the corporation's box agistered Agent signature require 13. 1.1 TITLE	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	egistered office agent. I am RS IN 12
ITPEET ADDRESS 48 GREEENTREE ST. 23 STREET ADDRESS ITY-ST-ZIP DELETE 31 TITLE AME 32 NAME STREET ADDRESS 33 STREET ADDRESS ITTE 31 STREET ADDRESS ITTE 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS ITTE 34 CTTY-ST-ZIP ITTE 34 CTTY-ST-ZIP ITTE DELETE ITTE DELETE Addition 34 CTTY-ST-ZIP ITTE DELETE SITTEET ADDRESS SITTEET ADDRESS ITTE DELETE SITTEET ADDRESS SITTEET ADDRESS ITTEET ADDRESS SITTEET ADDRESS ITTEET ADDRESS SITTEET ADDRESS ITTEET ADDRESS SITTEET ADDRESS	 Pursuant te or registere familiar witi siGNATURE. IGNATURE. III IIII AME TREET ADDRESS 	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Sgnature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST.	nida, Such change was rotion 607.0505, Florida ant and title if a plicable ND DIRECTORS	s authorized by a Statutes. (NOTE: Re	the above-named corporation's box systemed Agent signature require 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	egistered office agent. I am RS IN 12
Inty-St-ZiP HOMOSASSA FL 24 CitY-St-ZiP INLE DELETE 3 1 TILE Change Addition IAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS ITY-St-ZiP 34 CitY-St-ZiP 34 CitY-St-ZiP Addition ITREET ADDRESS 34 CitY-St-ZiP Change Addition ITY-St-ZiP 10 ELETE 41 TITLE Change Addition ITY-St-ZiP 34 CitY-St-ZiP Change Addition ITY-St-ZiP 10 ELETE 41 TITLE Change Addition ITY-St-ZiP 44 CitY-St-ZiP Change Addition ITY-St-ZiP 10 ELETE 51 TITLE Change Addition ITY-St-ZiP 10 ELETE 51 TITLE Change Addition ITY-St-ZiP 10 ELETE 51 TITLE 10 Change Addition ITY-St-ZiP 54 CitY-St-ZiP 10 Change Addit	Pursuant te or registere familiar witi SIGNATURE	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, types or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL	Inida. Such change was ection 607.0505, Florida ant and Ho if al plicable IND DIRECTORS	s authorized by a Statutes. (NOTE: Re	the above-named corporation's box systemed Agent signature require 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	agistered office agent. I am RS IN 12
Inte DELETE 3 1 TITLE Change: Addition AME 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP Change: Addition ITLE DELETE 34 CITY-ST-ZIP Change: Addition ITLE DELETE 4 TITLE Change: Addition AME DELETE 4 TITLE Change: Addition ITLE DELETE 4 TITLE Change: Addition AME 42 NAME 42 NAME Addition Addition ITREET ADDRESS 43 STREET ADDRESS Addition Addition ITTLE DELETE 5 1 TITLE Change: Addition ITT-ST-ZIP 44 CITY-ST-ZIP Change: Addition ITTLE DELETE 5 1 TITLE Change: Addition ITTLE S2 NAME 53 STREET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS ITT-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP Change: Addition ITLE DELETE 63 STREET ADDRESS 64 CITY-ST-ZIP Change: Addition ITLE DELETE 63	Pursuant to or registere familiar with siGNATURE P P P P P P P TILE	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, types or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K	Inida. Such change was ection 607.0505, Florida ant and Ho if al plicable IND DIRECTORS	s authorized by a Statutes. (NOTE: Re	De above-named corpor y the corporation's box agistered Agent signature requir 13. 1. 1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	agistered office agent. I am RS IN 12
IREEF ADDRESS 33 STREET ADDRESS ITY-SI-2IP 34 CITY-SI-2IP ITLE Chang? Addition AME ITEET ADDRESS ITTEET ADDRESS ITT	Pursuant to or registere familiar with SIGNATURE 2. ILE AME TREET ADDRESS ITY - SI - ZIP ILE AME TREET ADDRESS	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	Inida. Such change was ection 607.0505, Florida ant and Ho if al plicable IND DIRECTORS	s authorized by a Statutes. (NOTE: Re	De above-named corpor y the corporation's box agistered Agent signature requir 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	agistered office agent. I am RS IN 12
INTY-ST-ZIP 34 CITY-ST-ZIP ITLE DELETE ITLE Change Addition ITREET ADDRESS UTY-ST-ZIP ITREET ADDRESS UTY-ST-ZIP ITLE UTY-ST-ZIP ITLE ITLE ITLE ITREET ADDRESS UTY-ST-ZIP ITLE	Pursuant to or registers familiar with SIGNATURE IILE AME TREET ADDRESS ITY-SI-ZIP ITLE IREFT ADDRESS ITY-SI-ZIP	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	vrida. Such change wa iction 607.0505, Florida ant and the if a plicable IND DIRECTORS	A Statutes.	De above-named corpor y the corporation's box agistered Agent signature requir 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	egistered office agent. I am RS IN 12 Addition
ITLE DELETE 4.1 TitLe Changs Addition AME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ITT-ST-ZIP ITTT-ST-ZIP ITTT-ST-ZIP ITTT-ST-ZIP ITTTLE ITTTLE ITTTLE ITTTLE ITTTLE ITTTLE ITTTLE ITTTTLE ITTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	1. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	vrida. Such change wa iction 607.0505, Florida ant and the if a plicable IND DIRECTORS	A Statutes.	De above-named corpor y the corporation's box agistered Agent signature requir 13. 1. 1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	egistered office agent. I am RS IN 12 Addition
TREET ADDRESS 4.3 STREET ADDRESS ITY-S1-ZIP 4.4 CITY-S1-ZIP ITUE DELETE STREET ADDRESS 5.1 TiTLE ITHET ADDRESS 5.3 STREET ADDRESS ITHET ADDRESS 5.4 CITY-ST-ZIP ITLE DELETE ITHET ADDRESS 5.4 CITY-ST-ZIP ITLE DELETE 6.1 TITLE Chang3 Addition AMME STREET ADDRESS CHANE STREET ADDRESS CHANE <t< td=""><td>1. Pursuant to or registere familiar witi biGNATURE 2. THE AME TREET ADDRESS TY-SI-ZIP TREET ADDRESS ITY-SI-ZIP TREET ADDRESS ITY-SI-ZIP TREET ADDRESS</td><td>o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.</td><td>vrida. Such change wa iction 607.0505, Florida ant and the if a plicable IND DIRECTORS</td><td>A Statutes.</td><td>Pe above-named corpor y the corporation's box 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS</td><td>ard of directors. Thereby accept tr</td><td>the purpose of the appointment</td><td>L changing its re as registered</td><td>egistered office agent. I am RS IN 12 Addition</td></t<>	1. Pursuant to or registere familiar witi biGNATURE 2. THE AME TREET ADDRESS TY-SI-ZIP TREET ADDRESS ITY-SI-ZIP TREET ADDRESS ITY-SI-ZIP TREET ADDRESS	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	vrida. Such change wa iction 607.0505, Florida ant and the if a plicable IND DIRECTORS	A Statutes.	Pe above-named corpor y the corporation's box 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ard of directors. Thereby accept tr	the purpose of the appointment	L changing its re as registered	egistered office agent. I am RS IN 12 Addition
At CITY-SI-ZIP 4.4 CITY-SI-ZIP Attriant 5.1 Title IAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS STY-SI-ZIP 5.4 CITY-SI-ZIP ITLE DELETE 6.1 TITLE Chang3 Addition Addition STREET ADDRESS STREET ADDR	1. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	rida. Such change wa iction 607.0505, Florida ant and the if a plicable IND DIRECTORS DE DE DE DE	s authorized by a Statutes. (NOTE: Re LETE	Pe above-named corpor y the corporation's box agistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ard of directors. Thereby accept tr	the purpose of the appointment	Changing its: re as registered ND DIRECTO Change Change Change Change	agent. I am RS IN 12 Addition
Intel DELETE 5.1 Title Chang3 Addition VAME 52 NAME STREET ADDRESS S3 STREET ADDRESS S1 CITY-ST-ZIP Chang3 Addition VILLE DELETE 6.1 Title Chang3 Addition VAME DELETE 6.1 Title Chang3 Addition VAME DELETE 6.1 Title Chang3 Addition VAME 62 NAME 63 STREET ADDRESS Addition STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP Chang3 Addition 14. I do hereby certify that the information supplied with this filing is voluntarily formation stated in Section 119.07(3)(k), Florida Statutes. I further exercities the and accurate and that my signature shall have the same legal effect as if made under certifies that the information at this annual record or supplemental annual record is the and accurate and that my signature shall have the same legal effect as if made under certifies that the information supplied with this filing is unplemental annual record is that and accurate and that my signature shall have the same legal effect as if made under certifies that the information supplied with this filing is unplemental annual record or supplemental annual record or suppleme	11. Pursuant to or register familiar witi SIGNATURE 12. 11. 11. 12. 11. 12. 11. 14. 14. 14. 14. 14. 14. 14. 14. 14	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	rida. Such change wa iction 607.0505, Florida ant and the if a plicable IND DIRECTORS DE DE DE DE	s authorized by a Statutes. (NOTE: Re LETE	Pe above-named corpor y the corporation's box agistered Agent signature requir 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ard of directors. Thereby accept tr	the purpose of the appointment	Changing its: re as registered ND DIRECTO Change Change Change Change	agent. I am RS IN 12 Addition
Internation Deternation Internation Deternation Internation Striket ADDRESS Striket ADDRESS S3 STREET ADDRESS Striket ADDRESS S4 CITY-ST-ZIP Internation DELETE 6 1 Title Chang? Addition VAME Striket ADDRESS City-ST-ZIP Internation Striket ADDRESS City-ST-ZIP Internation Internation Striket the information supplied with this filing is voluntarily formation and accurate and that my signature shall have the same legal effect as if made under and accurate and that my signature shall have the same legal effect as if made under and accurate and that my signature shall have the same legal effect as if made under and accurate and that my signature shall have the same legal effect as if made under accurate and that my signature shall have the same legal effect as if made under accurate and that my signature shall have the same lega	1. Pursuant to or registere familiar witi SIGNATURE 2. ITLE IAME ITREET ADDRESS ITY-SI-ZIP ITLE IAME ITREET ADDRESS ITY-SI-ZIP ITLE IAME ITREET ADDRESS ITY-SI-ZIP ITLE IAME	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	rida. Such change wa iction 607.0505, Florida ant and the if a plicable IND DIRECTORS DE DE DE DE	S authorized by a Statutes. (NOTE: Re LETE	Pe above-named corpor y the corporation's box agistered Agent signature requir 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ard of directors. Thereby accept tr	the purpose of the appointment	Changing its: re as registered ND DIRECTO Change Change Change Change	agent. I am RS IN 12 Addition
STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP MILE DELETE 6 1 TITLE Chang? Addition 62 NAME 63 STREET ADDRESS CITY - ST - ZIP 63 STREET ADDRESS CITY - ST - ZIP 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further excits that the information and and accurate and that my signature shall have the same legal effect as if made under and accurate and that my signature shall have the same legal effect as if made under	1. Pursuant to or registere familiar witi SIGNATURE 2. IILE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS ITY-ST-ZIP	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	rida. Such change wa rotion 607.0505, Fiorida ant and the if a plicable IND DIRECTORS	s authorized by a Statutes. (NOTE: Re LETE ELETE	Pe above-named corpor y the corporation's box 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ard of directors. Thereby accept tr	the purpose of the appointment	Changing Its re as registered ND DIRECTO Change Change Change Change Change	agent. I am RS IN 12 Addition
ITLE DELETE 6 1 TITLE Chang3 Addition AME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP IM- ST-ZIP Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information supplied with this filing is voluntarily furnished and accurate and that my signature shall have the same legal effect as if made under certify that the information supplied with this filing is voluntarily furnished and accurate and that my signature shall have the same legal effect as if made under certify that the information supplied with this filing is voluntarily furnished and accurate and that my signature shall have the same legal effect as if made under certify that the information supplied with this filing is voluntarily furnished and accurate and that my signature shall have the same legal effect as if made under certify that the information supplied with this filing is voluntarily furnished and accurate and that my signature shall have the same legal effect as if made under certify that the information supplied with this signature shall have the same legal effect as if made under certify that the information supplied with this signature shall have the same legal effect as if made under certify that the information supplied with this signature shall have the same legal effect as if made under certify that the information supplied with this signature shall have the same legal effect as if made under certify that the information supplied with this signature shall have the same legal effect as if made under certify that the information supplied with this signature shall have the same legal effect as if made under certify that the information supliter	1. Pursuant to or registere familiar witi SIGNATURE 2. IILE IAME TREET ADDRESS ITY_ST-ZIP ITLE IAME ITREET ADDRESS ITY_ST-ZIP ITLE IAME STREET ADDRESS OTY_ST-ZIP ITLE IAME	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	rida. Such change wa rotion 607.0505, Fiorida ant and the if a plicable IND DIRECTORS	s authorized by a Statutes. (NOTE: Re LETE ELETE	Pe above-named corpor y the corporation's box agistered Agent signature requir 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ard of directors. Thereby accept tr	the purpose of the appointment	Changing Its re as registered ND DIRECTO Change Change Change Change Change	agent. I am RS IN 12 Addition
AME 62 NAME 62 NAME 62 NAME 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 LTQ of hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further exit that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further excit that the information supplied with this filing is voluntarily furnished and accurate and that my signature shall have the same legal effect as if made under and accurate and that my signature shall have the same legal effect as if made under	1. Pursuant to or registere familiar witi biGNATURE 2. IILE AME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS OTY-ST-ZIP ITLE IAME	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	rida. Such change wa rotion 607.0505, Fiorida ant and the if a plicable IND DIRECTORS	s authorized by a Statutes. (NOTE: Re LETE ELETE	Pe above-named corporation's box spistered Agent signature require 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ard of directors. Thereby accept tr	the purpose of the appointment	Changing Its re as registered ND DIRECTO Change Change Change Change Change	agent. I am RS IN 12 Addition
63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further codid to that the information indicated on this annual reced or surplemental annual record is true and accurate and that my signature shall have the same legal effect as if made under	11. Pursuant to or registere familiar with signATURE	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	irida. Such change was cition 607.0505, Fiorida int and the if a plicable IND DIRECTORS	A Statutes.	No above-named corporation's box spistered Agent signature require 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ard of directors. Thereby accept tr	the purpose of the appointment	Changing Its re- changing Its re- as registered ND DIRECTO Change Change Change Change Change Change Change Change	agent. I am RS IN 12 Addition Addition
64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further excite 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 if made under		o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	irida. Such change was cition 607.0505, Fiorida int and the if a plicable IND DIRECTORS	A Statutes.	No above-named corporation's box spistered Agent signature require 13. 1. 1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ard of directors. Thereby accept tr	the purpose of the appointment	Changing Its re- changing Its re- as registered ND DIRECTO Change Change Change Change Change Change Change Change	agent. I am RS IN 12 Addition Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further		o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST.	irida. Such change was cition 607.0505, Fiorida int and the if a plicable IND DIRECTORS	A Statutes.	No above-named corpor y the corporation's box no stered Agent signature require 13. 1. 1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ard of directors. Thereby accept tr	the purpose of the appointment	Changing Its re- changing Its re- as registered ND DIRECTO Change Change Change Change Change Change Change Change	agent. I am RS IN 12 Addition Addition
	 Pursuant to or registere familiar witi SIGNATURE	b the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, types or printed name of registered ag OFFICERS A PD SUDLOW, JAMES T 48 GREENTREE ST. HOMOSASSA FL D SUDLOW, SAMMIE K 48 GREENTREE ST. HOMOSASSA FL	inida. Such change was cition 607.0505, Fiorida ant and the if a plicable IND DIRECTORS	A Statutes.	We above-named corporation's box Spistered Agent signature requirements 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 DITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	ard of directors. Thereby accept tr ed when reinstaing! ADDITIONS/CHANGES TI	the purpose of the appointment	Changing Its re- changing Its re- as registered ND DIRECTO Change Change Change Change Change Change Change Change Change	agent. I am RS IN 12 Addition Addition Addition Addition Addition