NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

13. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receive or trustee empower changed, or on an attachment with an address, with

CITY-ST-ZIP

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an officer or director or as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if