## F990000 6765

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Conway Enterpc: ses Inc. (Name of Corporation)
DOCUMENT NUMBER: F99 00000 6765
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roser Butcher (Name of Contact Person)
Royar B. Butcher P.A.  (Firm/Company)
200 E. Commercial St., Ste.3 (Address)
Sonford, FL 32771 (City/State and Zip Code)
For further information concerning this matter, please call:
Movde( K. Conscuper at (33( ) 268-5522 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for the following amount:
\$35.00 Filing Fee  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

CR2E127 (8/08)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

^	s it appears on the records of the Florida Department of State is:
2 This was the state of the sta	orises, Inc.
	ousiness in Florida on 12-30-1999 and its Florida document
number is <u>F99 00000 671</u>	
3. This corporation was formed under the	laws of Indiana
4. The name and address of each officer a	and/or director is as follows:
<u>Title:</u>	Name and Address
Pres.	mardel K. Conway
	Mardel K. Convay
	m:ms, FL. 32754
	·
	<u></u>
(Attach ad	Iditional pages if necessary)
	7)
Signature of an officer or director	Title of person signing
Mardel K. Concay Typed or printed name of person signing	FILING FEE \$35  Make checks payable to Florida Department of State and Mail to: Division of Coporations PO Box 6327 Tallahassee, FL 32314
ryped or printed name or person sygning	Division of Coporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)