FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90063 017 ***150.00

DOCUMENT # G23338 1. Corporation Name

JAMES M. TATOM ARCHITECT, P.A.

		· · · · · · · · · · · · · · · · · · ·	a and all to take a feeting	perfect design of	e jeste sala sala salahi e			HEN EISH EISH	1888) BIBN (118)	
Principal Plac	e of Business	Mailing Addre	ss	•	•		IN SIGNI SAGE MENTE A		Afgil Eleti ISBI	
610 SE 9TH A	**	610 SE 9TH A	VF							
OCALA FL 34471-3856 OCALA FL 34471-3856										
US	· no.₽	US					RITE IN THIS	SPACE		
•						3. Date Incorporated or Qualifo	ed			
	12 (M.)					02/09/1983				
2. Principal P	Place of Business	2a. Mailing Ad	Idress			4. FEI Number		Ap	plied For] ;
21		26				59-2379891		No	t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired		\$8.75	Additional	"
22	·	27				5, Certificate of Status Desireo		Fee Re	equired	
City & Stat	te	City & Stat	te			6. Election Campaign Financir	^{ng} □	\$5.00	May Be	
23		28				Trust Fund Contribution	Ш	Added	to Fees	
Zip	Country	Zip		Country	/		urrënt year Int	angible		
24	25	29	30			Personal Property Tax.		☐ Yes	□No	1
	Name and Address of Current I	Registered Agen	nt			10. Name and Address of New	w Registered	Agent		1
TAT	ON IMPO M			81	Name					
TATOM, JAMES M Januaro Se 9th ave architect fla				82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)			1
(): 44: B10	SE 91H AVE			"		finite to beautiful sure a reco		and the fire freeze to	withing you have	
UCA	ALA FL 34771			83		计算特别数据				
				.	<u> </u>	1000年100日	or talk! Hall Alban y	isi an ara	9121 S.	1
				84	City		FŁ	85 Zip	Code	1
		2.377	.,4	- 1			ha numasa af	shanaina ita	registered	1
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Flo	orida Statutes, t	he abov	e-named corpo	pration submits this statement for t	ne purpose or	changing its		ĺ
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	Florida: Such cha	ange was autho	nzed by	the corporation	oration submits this statement for the high submits the statement for the high submits and the submits the statement for the high submits the statement for the high submits the statement for the statement for the high submits the statement for the high submits the statement for the	cept the appoi	ntment as re	gistered	
office or n	to the provisions of Sections 607.0502 aregistered agent, or both, in the State of im familiar with, and accept the obligation	Florida: Such cha	ange was autho	nzed by	the corporation	oration submits this statement for t n's board of directors. I hereby ac	cept the appoi	ntment as re	gistered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligatio	Florida, Such cha ns of, Section 60	ange was autho 7.0505, Florida	Statutes	the corporation	n's board of directors. I hereby ac	cept the appoi	ntment as re	gistered	
office or no agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligatio	Florida. Such chains of, Section 60	ange was autho 7.0505, Florida	Statutes	the corporation	when reinstating)	DATE	ntment as re	gistered	6
office or nagent. I a SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	Florida: Such chains of, Section 60 and title if applicable. DIRECTORS	ange was autho 7.0505, Florida	Statutes stered Ager	the corporation	when reinstating) ADDITIONS/CHANGES TO 0	DATE	ntment as re	gistered	100,57
office or not agent. I a SIGNATURE 12.	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND DP	Florida: Such chains of, Section 60 and title if applicable. DIRECTORS	ange was autho 7.0505, Florida (NOTE: Regi	Statutes stered Ager 13.	the corporation	when reinstating)	DATE	ID DIRECTO	DRS IN 12	1001277
SIGNATURE 12. TITLE NAME	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND DP TATOM, JAMES M	Florida: Such chains of, Section 60 and title if applicable. DIRECTORS	ange was autho 7.0505, Florida (NOTE: Regi	Statutes stered Ager 13. 1.1 TITLE 1.2 NAME	the corporations.	when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	DRS IN 12	100177 700
office or in the office of the	registered agent, or both, in the State of the familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND DP TATOM, JAMES M 610 S.E. 9TH AVE	Florida: Such chains of, Section 60 and title if applicable. DIRECTORS	ange was autho 7.0505, Florida (NOTE: Regi	stered Ager 13. 1.1 TITLE 1.2 NAME	the corporations.	when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	DRS IN 12	001 744 700)
office or in the office of in the office of in the office of interest and interest	registered agent, or both, in the State of im familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND DP TATOM, JAMES M 610 S.E. 9TH AVE OCALA, FL 00000 34471	Florida: Such chains of, Section 60'	ange was autho 7.0505, Florida (NOTE: Regi	stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	the corporations.	when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	DRS IN 12	00001 743 000
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of Irm familiar with, and accept the obligation of Fricers and OFFICERS AND DP TATOM, JAMES M 610 S.E. 9TH AVE OCALA, FL 00000 34471	Florida: Such chains of, Section 60'	OBLETE	stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	the corporations.	when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	DRS IN 12	000000000000000000000000000000000000000
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of Irm familiar with, and accept the obligation of Signature, typed or printed name of registered agent a OFFICERS AND DP TATOM, JAMES M 610 S.E. 9TH AVE OCALA, FL 00000 34471 DST TATOM, CLAUDIA P.	Florida: Such chains of, Section 60'	OBLETE	stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	the corporations. Int signature required of the signature required of	when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	DRS IN 12	000000000000000000000000000000000000000
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of Im familiar with, and accept the obligation of Signature, typed or printed name of registered agent a OFFICERS AND DP TATOM, JAMES M 610 S.E. 9TH AVE OCALA, FL 00000 34471 DST TATOM, CLAUDIA P. 610 SE 9TH AVE	Florida: Such chains of, Section 60'	(NOTE: Regi	Statutes 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	DRS IN 12	00001777
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of Irm familiar with, and accept the obligation of Signature, typed or printed name of registered agent a OFFICERS AND DP TATOM, JAMES M 610 S.E. 9TH AVE OCALA, FL 00000 34471 DST TATOM, CLAUDIA P.	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	OELETE	stared Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.3 STREE 2.4 CITY-S 2.4 CITY-S	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO Change	ORS IN 12 Addition	00000
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of im familiar with, and accept the obligation of Fricers and OFFICERS AND DP TATOM, JAMES M 610 S.E. 9TH AVE OCALA, FL 00000 34471 DST TATOM, CLAUDIA P. 610 SE 9TH AVE OCALA FL 34471	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	OELETE	Interest by Statutes Statutes Statutes 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.3 STREE 2.4 CITY-S 3.1 TITLE	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	DRS IN 12	100,577, 100,000
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of im familiar with, and accept the obligation of Fricers and OFFICERS AND DP TATOM, JAMES M 610 S.E. 9TH AVE OCALA, FL 00000 34471 DST TATOM, CLAUDIA P. 610 SE 9TH AVE OCALA FL 34471	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	OBLETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T-ZIP	when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AN	ID DIRECTO Change Change	ORS IN 12 Addition Addition	200000
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	OBLETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AN	ID DIRECTO Change Change	ORS IN 12 Addition Addition	1000000
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	OELETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S 3.5 CITY-S 3.5 CITY-S 3.7 CITY-S	T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO	DATE DEFICERS AN	ID DIRECTO Change Change	PRS IN 12 Addition Addition	100000
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	OELETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO 0	DATE DEFICERS AN	ID DIRECTO Change Change	PRS IN 12 Addition Addition	1000000
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	DELETE DELETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S 3.5 CITY-S 3.5 CITY-S 3.7 CITY-S	T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO	DATE DEFICERS AN	ID DIRECTO Change Change	PRS IN 12 Addition Addition	
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TREET STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of important with and accept the obligation of the state of t	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	OBLETE DELETE DELETE	started by Statutes 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME	T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO	DATE DEFICERS AN	ID DIRECTO Change Change	PRS IN 12 Addition Addition	100000
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of important with and accept the obligation of the state of t	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	DELETE DELETE DELETE	started by Statutes 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO	DATE DEFICERS AN	ID DIRECTO Change Change	ORS IN 12 Addition Addition Addition	100000
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	OBLETE DELETE DELETE	started by Statutes 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AN	ID DIRECTO Change Change	PRS IN 12 Addition Addition	10000
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	DELETE DELETE DELETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 4.4 CITY-S 4.5 TREE 4.5 NAME 4.6 TREE 4.7 NAME 4.8 STREE 4.4 CITY-S	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO	DATE DEFICERS AN	ID DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of important with and accept the obligation of the state of t	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	DELETE DELETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 TITLE 5.1 TITLE	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AN	ID DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition	100 EN 100 EO
Office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	DELETE DELETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AN	ID DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition	SOURT FOOLOGO
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	DELETE DELETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.5 NAME 5.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AN	ID DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition	000 XX X0000
office or in agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of important with and accept the obligation of the state of important with a state of important with	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	DELETE DELETE DELETE DELETE	stared Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.5 TITLE 5.5 NAME 5.5 STREE 5.6 CITY-S 5.7 TITLE 5.7 NAME 5.8 STREE 5.8 CITY-S 5.7 TITLE 5.8 NAME 5.9 STREE 5.8 CITY-S 5.9 STREE	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AN	DDIRECTO Change Change Change Change	ORS IN 12 Addition Addition Addition Addition Addition	1000000
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of imfamiliar with, and accept the obligation of the state of	Florida: Such chans of, Section 60' and title if applicable. DIRECTORS	DELETE DELETE DELETE DELETE	stored Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.5 NAME 5.6 TITLE 5.6 TITLE 5.6 TITLE 5.6 TITLE 5.7 NAME 5.7 NAME 5.8 STREE 5.8 TITLE 5.9 NAME 5.9 TITLE 5.9 NAME 5.9 TITLE	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AN	DDIRECTO Change Change Change Change	ORS IN 12 Addition Addition Addition Addition Addition	(00/87) 7003000

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: