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VASKO, JOHN R. 5003 CROSS PINTE DR STE: C OLDSMAR FL 34677 51 Name 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its tegrat office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its tegrat office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its tegrat office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its tegrat office or registered agent are degratized agent and the Papectatine office or registered agent are registered agent agent and the Papectatine states. 12. OFFICERS AND DIRECTORS 13. 2 13. 2 14. OFFICERS AND DIRECTORS 13. 2 15. 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Supresences States 15. 5003 CROSS POINTE DR 0LDSMAR FL 34677 10 DELETE 15. 2.1 TITLE 2.1 TITLE 2005 CROSS POINTE DR 0LDSMAR FL 34677 2.1 TITLE 16. 2.1 TITLE 2.1 TITLE <	Zip		29 34677	$\neg v$	Personal Property Tax.	Yes 🕅 No
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4. 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 inform 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 a officer or director of the corporation or the received or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect.	1. Pursuant office or r agent. I a IGNATURE 2. TLE WE REET ADDRESS TY-ST-ZIP TLE WE TREET ADDRESS TY-ST-ZIP TLE ME TREET ADDRESS TY-ST-ZIP TLE ME TREET ADDRESS TY-ST-ZIP TLE ME TREET ADDRESS TY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS P VASKO, JOHN R. 5003 CROSS POINTE DR OLDSMAR FL 34677 ST VASKO, DONNA M. 5003 CROSS POINTE DR	ite of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named co thorized by the corpora da Statutes. Registered Agent signature required 13. 2 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CTY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CTY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	PL 344-85 ose of changing its registered appointment as registered ATE RS AND DIRECTORS IN 12 & Change Addition