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ACKSONNULE FL 3222			·	Maling Address						
Principal Place of Business 28	JACKSON			P O BOX 240	078		3. Date incorporated or Qua	Shad Da	Date of Land	
Application	Principal P	Place of Pueipose		172-11-7			08/03/1983	med Ja.		
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City & State	Suite, Apt.	. #, etc.		<u> </u>	etc.		5. Certificate of Status Desire	ed [7]		5 Additional
29	<u>L</u>	te		City & State				ina	\$5.	00 May Be
Name and Address of Current Registered Agent	Zip	25	į	29	·	ountry	This corporation has liability Florida Statutes	ty for intangib	le tax under	
MEIDE, MOSES JR. 817 NORTH MAIN STREET JACKSONVILLE FL 32202 82 Street Add-9ess (P.O. Box Nomber's Not Acceptable) 83 Street Add-9ess (P.O. Box Nomber's Not Acceptable) 84 Orly FL 85 Zip Code 95 Zip Code 96 Orly FL 85 Zip Code 96 Orly FL 85 Zip Code 97 Code 97 Code 98 Orly FL 85 Zip Code 98 Zip Code 99 Zip Code 90 Zip Code 9		9. Name and A	dress of Current F	legistered Agent		81 Nanya				
Presuant to the provisions of Sections 607,0502 and 607,1508 Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Statutes, the above named corporation's bowd of directors. Thereby accept the approximent as registered agent, I aminish with and accept the obligations of Science 607,0505, Product Statutes. Consider the provisions of Sections 607,0505, Product Statutes, the above named corporation's bowd of directors. Thereby accept the approximent as registered agent, I aminish that are approximent as registered agent. I aminish t		F. MOSES JR								
Square S		NORTH MAIN STR					dress (P.O. Box Number is Not Acc	eptable)		
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I do hereby certify that the information supplied with this fing 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 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 office or director of the corporation of the receiver of trustee employment to execute the corporation of the corpor	JACKS I. Pursuant to or registers familiar with grant to or registers familiar with grant to or registers. I. LE ME ME ME ME ME ME ME ME ME	to the provisions of Street agent, or both, in the and accept the organization of the DP MEIDE, WILL 3834 SCHO	ections 607.0502 and the State of Florida oligations of, Section of FICERS AND DIAMETERS AND DELAME	DELETE	13. F	83 84 Orty Overnamed corpx corporation's bo Thue NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME TREET ADDRESS CITY ST-ZIP TITLE NAME TREET ADDRESS TY-ST-ZIP TITLE NAME	nration submits this statement for the ard of directors. Thereby accept the	ne purpose of appointmen	changing its tas registere E AND DIRECT Change Change	registered office diagent. I am ORS IN 12 Addition Addition Addition Addition