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Y-SI-ZIP 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the conversion of the properties of the responsibility of the same legal effect as if made under certify that I am an officer or director of the conversion of the responsibility.	SIGNATURE 2. IITLE AAME TREET ADDRESS ITY-ST-ZIP TLE AAME TREET ADDRESS ITY-ST-ZIP TLE AAME REET ADDRESS ITY-ST-ZIP TLE AAME REET ADDRESS ITY-ST-ZIP TLE AAME REET ADDRESS ITY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL	Signature, typed or printed name of registored OFFICERS D SHAW, KIM E. 3108 KING DRIVE	Section 607.0505, Flor agreet and the if applicable B AND DIRECTORS	DELETE DELETE DELETE	13. 1 TILLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	d when reinstating)	pose of changing its registered office pintment as registered agent. I am DAYE CERS AND DIRECTORS IN 12 Addition Change
I do nereby certify that the information supplied with this filing 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certifying the converging of the	SIGNATURE 2. IITLE AAME TREET ADDRESS ITY-ST-ZIP ILE AAME HEET ADDRESS ITY-ST-ZIP ILE	Signature, typed or printed name of registored OFFICERS D SHAW, KIM E. 3108 KING DRIVE	Section 607.0505, Flor agreet and the if applicable B AND DIRECTORS	DELETE DELETE DELETE	13. 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 5.2 NAME 4.3 STREET ADDRESS 5.4 CITY-ST-ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	d when reinstating)	pose of changing its registered office pintment as registered agent. I am DAYE CERS AND DIRECTORS IN 12 Addition Change
Dati), that I am an officer or director of the corporation or the resolution as the resolution of the corporation or the resolution and that my signature shall have the same legal effect as if made under	SIGNATURE 2. IITLE AAME TREET ADDRESS ITY-ST-ZIP TILE AAME THEET ADDRESS ITY-ST-ZIP TLE AME THEET ADDRESS TY-ST-ZIP TLE THEET ADDRESS TY-ST-ZIP LE ME ME ME HEET ADDRESS TY-ST-ZIP LE ME ME HEET ADDRESS TY-ST-ZIP LE ME ME HEET ADDRESS TY-ST-ZIP LE	Syriative, typed or printed name of registored OFFICERS D SHAW, KIM E. 3108 KING DRIVE SEBRING FL	Section 607.0505, Flor agreet and the if any licator B AND DIRECTORS	DELETE DELETE DELETE DELETE	13. 1 TILLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 STREET ADDRESS 6.4 CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.3 STREET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFFI	pose of changing its registered office pintment as registered agent. I am DAYE
	SIGNATURE 12. IITLE IAME TREEL ADDRESS ITY-ST-ZIP ILE AME ITHE ADDRESS ITY-ST-ZIP ILE AME ITHE ADDRESS ITY-ST-ZIP ILE ITHE ADDRESS ITY-ST-ZIP ITHE ADDRESS IT	Synature, typed or printed name of registered D OFFICERS SHAW, KIM E. 3108 KING DRIVE SEBRING FL certify that the information supplies the information independence the type information supplies.	Section 607.0505, Flor agreet and the if applicable B AND DIRECTORS	DELETE DELETE DELETE DELETE DELETE	13. 1 TILLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP 4.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TILLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TILLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TILLE 6.3 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TILLE 6.3 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TILLE 6.3 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI	pose of changing its registered office pintment as registered agent. I am DAYE

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