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-ST-ZIP I do 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 eccurate and that my signature shall have the series local effort as if made under each that	SNATURE ADDRESS -S1-ZIP E E ADDRESS	Standard back of a parted name of OFF1 PST FARR, EARL DRAYTOI 4511 SHORE LANE BOCA GRANDE FL D FARR, EARL DRAYTOI 4511 SHORE LANE	Programmed ager Lanc tille Plag ICE PIS AND DIRECTC	IPAT CALLAD (INOTI DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City es, the above-named corporation City es, the above-named corporation City brida Statutes. Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 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 4.4 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 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.1 TITLE	ilred when reinstating)	EL Purpose of changing its regist DATE TFICERS AND DIRECTORS IN Change Cha	12 Addition Addition Addition Addition
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