COULDENT # H77973 (6)     SUWANNEE RIVER LAND COMPANY, INC.     Waine Address     Maling Address     Ma	FILE NOW: FILING FE		FLORIDA DEPA Sandra Secret	RTMENT OF B. Morthan ary of State	STATE m	Feb 03 1		
SUMANNEE RIVER LAND COMPANY, INC.	1998 OCUMENT # H77	<u> </u>		CORPORAT	10NS	Secreta	iry of St	ate
Maining Address     Maining Address       Op/DB / MCREL I, HORSELL 111 E - KOWADD STREET     CO. NOT WRITE IN THIS SPACE       DO NOT WRITE IN THIS SPACE     DO NOT WRITE IN THIS SPACE       DO NOT WRITE IN THIS SPACE     00/26/11985       Principal Place of Dusiness     2a       Suin- Art. R, exc.     2a       Suin- Art. R, exc.     2a       Suin- Art. R, exc.     2a       City & State     01/2 & State       2a     Country       2a     Country       2b     Country	Corporation Name		· · ·					
if IL E. HOWARD STREET       If IL E. HOWARD STREET       UV GAK FL 3000         Principal Place of Business       Za, Mailing Address       4. FEI Namest       Acoust of Country         Sule. Apt. 4, etc.       Sule, Apt. 4, etc.       Sule, Apt. 4, etc.       Sule, Apt. 4, etc.       Sule, Apt. 4, etc.       Status of Status Desired       Status One (App. 4, etc.)         Zip       Sule, Apt. 4, etc.       Sule, Apt. 4, etc.       Status One (App. 4, etc.)       Status One (App. 4, e	incipal Place of Business	Mail	ling Address				BR HILL DIRLIG BIRLIG DIRLIG.	NAL NINEL IN QU
Op/26/1985         Control of Business         2a.         Mailing Address         4. ET Number         [Applied For.           Suite Apt. #. etc.         28         Suite Apt. #. etc.         59-25 19038         Intot Applied For.           City & State         27         Country         28         75         Country         28         75         Additional Trave Fund Contribution         Trave Fund Contribution         Trave Fund Contribution         Trave Fund Contribution         Trave Fund Contritanon Fund Fund Fund Fund Fu	11 E. HOWARD STREET	111	E. HOWARD STREE					
Principal Place of Business       2.a. Maling Address       4. FEI Number       Indexted PL         Suite Apti #, etc.       Suite Apti #, etc.       Suite Apti #, etc.       S. Certificate of Status Desired       SS.75 Additional         City & Statu       Dity & Statu       City & Statu       S. Certificate of Status Desired       SS.75 Additional         Zip       Country       Zip       Country       S. Certificate of Status Desired       SS.75 Additional         Zip       Country       Zip       Country       S. Certificate of Status Desired       SS.75 Additional         Addited bit Places       Zip       Country       Zip       Country       Rins comparison owes or has paid the current year imarginality in the provide owes of the regulated to Places       Name and Address of Current Registered Agent       If I Name         HARRELL, MICHAEL H.       If I Name       If I Name       If I Name       If I Name         LIVE OAK FL 32060       If Status Florida Status Method Network Status Address (P.O. Box Number is Not Acceptable)       If I Name       If I Name         If I Name       If I Name       If I Name       If I Name       If I Name         If I Name       If I Name       If I Name       If I Name       If I Name         If I Name       If I Name       If I Name       If I Name       If I Name							-u	
Sulle, Apl. 4, etc.       Sulle, Apl. 4, etc.       Sulle, Apl. 4, etc.       S. Certificate of Staus Desired       Set75 Additional Fee Required         City & State       City & State       6. Enclose Campaign Financing       Sc.000 May Bet and State	Principal Place of Business		Mailing Address			4. FEI Number		
City & State       City & State       City & State       E. Bucton Comparing Financing       Added to Frees         Zip       Zip       Country       E. This corporation comparing Financing       Added to Frees         Jag       Jag       Zip       Country       E. This corporation comparing Financing       Added to Frees         Jag       Jag       Zip       Country       E. This corporation comparing Financing       Added to Frees         Jag       Jag       Zip       Country       E. This corporation counces or has paid the current vari intrahigible         Jag       Jag       Jag       Jag       Jag       Street Address of Now Registered Agent         HARRELL, MICHAREL H.       HARRELL, MICHAREL H.       International Property Tax dia durational Address of Now Registered Agent       Nome         Jup End Street       Jup End Street       Street Address (P.O. Box Number is Not Acceptable)       International Street         Jup End Street       Jup End Street       Street Address (P.O. Box Number is Not Acceptable)       International Street         Jup End Street       Street Address (P.O. Box Number is Not Acceptable)       International Street       International Street         Jup End Street       Street Address (P.O. Box Number is Not Acceptable)       International Street       International Street         Jup End Street </td <td>Suite, Apt. #, etc.</td> <td></td> <td>Suite, Apt. #, etc.</td> <td></td> <td></td> <td></td> <td><b>\$8.75</b></td> <td>Additional</td>	Suite, Apt. #, etc.		Suite, Apt. #, etc.				<b>\$8.75</b>	Additional
ZIP     Country     ZIP     Country     a. This corporation outso chas paid the ourrent was intrancible personal Property Tax clue June 30.     Yes     No       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       HARRELL, MICHAEL H. 111 E. HOWARD STREET LIME OAK FL 32060     81     Name     81     Name       82     Gravel Address (P.O. Box Number is Not Acceptable)     83     84     City       84     City     FL     85     Zip Code       9. Friesunt to the provisions of Sections 607 0502 and 607 1506. Florids Statutes, the above-named corporation baard of directors. I hereby accept the appointment as registered agent. I am familiar With, and accept the obligations of, Section 607 0502 and 607 0505. Florids Statutes, the above-named corporation baard of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607 0505. Florids Statutes.     Note the appointment as registered agent oppointed mere a floride agent and the appointment as registered agent oppointed mere and accept the obligations of, Section 607 0505. Florids Statutes.     Note the appointment as registered agent oppointed mere agent ag	City & State		City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	
Image and Address of Current Registered Agent     In       HARRELL, MICHAEL H.     10. Name and Address of New Registered Agent       111 E. HOWARD STREET     10. Name       LIVE OAK R. 32060     44       City     FL       10. Transfer Address of Current Registered Agent     10. Name       111 E. HOWARD STREET     10. Name       112 F. HOWARD STREET     44       City     FL       10. Transfer Address (P.O. Box Number is Not Acceptable)       113. Address (P.O. Box Number is Not Acceptable)       114. Address (P.O. Box Number is Not Acceptable)       115. Control of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and both, and accept the obligations of Section 67,6502 and 607,6502 and	Zip Country		Zip	Countr	v.			
HARRELL, MICHAEL H. 111 E. HOWARD STREET LIVE OAK FL 32060     81     Name       92     Street Address (P.O. Box Number is Not Acceptable)       93     94     City       94     City     FL       95     Street Address (P.O. Box Number is Not Acceptable)       94     City     FL       95     Street Address (P.O. Box Number is Not Acceptable)       95     Street Address (P.O. Box Number is Not Acceptable)       96     City     FL       97     Street Address (P.O. Box Number is Not Acceptable)       98     City     FL       99     Street Address (P.O. Box Number is Not Acceptable)       90     OFFICERS AND Diffectores     Street Address (P.O. Box Number is Not Acceptable)       90     OFFICERS AND Diffectores     Ite Note is provisions board of directors. I hereby accept the appointment as registered agent. In the State of Florids State acceptable     Ite Note is provisions board of directors. I hereby accept the appointment as registered agent. In the state of Florids State acceptable       90     OFFICERS AND DIFECTORS     13.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12.       91     Name     Ite Note Acceptable     Ite Note Acceptable       92     ORTE Note Acceptable     Ite Note Acceptable     Ite Note Acceptable       93     OFFICERS AND DIFECTORS     Ite Note Acceptable     Ite Note Acceptable	25	29				Personal Property Tax due J	une 30. 🗌 Yes	
111 E. HOWARD STREET         LIVE OAK FL 32060         122 Street Address (P.O. Box Number is Not Acceptable)         142 Street Address (P.O. Box Number is Not Acceptable)         144 City         In Puisuant to the providions of Sections 607 0502 and 607 1508. Florida Statules, the above-named components this statement for the purpose of changing its registered agent, or bobin, in the Statu of Plorida, Statutes.         Control of Sections 607 0502 and 607 1508. Florida Statutes.         Statute: Address (P.O. Box Number is Not Acceptable)         agent. Lam familier with, and accept the obligations of, Section 607.0505, Florida Statutes.         COPFICERS AND DIRECTORS         13         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         111 TILE         COPFICERS AND DIRECTORS         13         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Let         OFFICERS AND DIRECTORS         13         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         13 TITLE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 TITLE         12 WILE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		urrent Registe	red Agent	8'	1 Name	10. Name and Address of New	Hegistered Agent	
LIVE OAK FL 32060				82	2 Street Add	tress (P.O. Box Number is Not Accer	otable)	
Image: State of Prior And Statutes, the above named corporation submits this statement for the provisions of Socienas 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the propose of changing its registered agent, and accept the obligations of, Sociena 607.0507, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Sociena 607.0507, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Sociena 607.0507, Florida Statutes, the above name domain accept the obligations of, Sociena 607.0507, Florida Statutes, and the registered agent and the registere	LIVE OAK FL 32060				1		·	
Pursuent 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 registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SNATURE  SNATURE  Suproves, typed or prevaled new of negistened agent and the tapolocities.  OFFICERS AND DIRECTORS  I a. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I a. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS I a. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  CARAPS, DANIEL  ROUTE 13, BOX 1154-C  LE  STD I DELETE I 11TITE I Change Addition  Ket ADDRESS V-51-2P LE  DELETE I DELETE I TITLE I Change Addition  Ket ADDRESS V-51-2P LE  COMPONENTIAL COMPARES V-51-2P LE  COMPONENTIAL  COMPONE					2			
GNATURE       Signature regination regenerated regination regination reginated regination regeneration								
Stor study, involved or phyliced agent and take it applicable.     IPUTE: Registreed Agent signature required when reheating.)     DATE       2.     OFFICERS AND DIRECTORS     13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.       Lie     PD     DELETE     11. ITTLE     Delette       Lie     PD     DELETE     12. NAME       Ket ADDRESS     Not To the second agent and take it applicable.     Delette       V-S1- 2P     LAKE CITY FL     12. NAME       Lie     STD     DELETE     21. TITLE       Me     HARRELL, MICHAEL H.     DELETE     21. TITLE       V-S1- 2P     12. ADME     22. NAME       Veter ADDRESS     24. CITY-S1-2P       Live OAK FL     24. CITY-S1-2P       Live OAK FL     24. CITY-S1-2P       Live ADDRESS     33. STREET ADDRESS       Y-S1- 2P     34. CITY-S1-2P       Live ADDRESS     33. STREET ADDRESS       Y-S1- 2P     34. CITY-S1-2P       Live ADDRESS     33. STREET ADDRESS       Y-S1- 2P     34. CITY-S1-2P       Lie     DELETE       Ket ADDRESS     43. STREET ADDRESS       Y-S1-2P     34. CITY-S1-2P       Lie     Change       Ket ADDRESS     44. CITY-S1-2P       Lie     Change       Ket ADDRESS     53. S		7.0500 and 503		84	City			
LE       PD       DELETE       1:1 TILE       DeLETE       1:2 NAME         MEE       CRAPPS, DANIEL       1:3 STREET ADDRESS       1:3 STREET ADDRESS       Addition         RECT ADDRESS       ROUTE 13, BOX 1154-C       1:3 STREET ADDRESS       1:4 CITY -ST-2P       Image       Addition         LAKE CITY FL       LAKE CITY FL       1:4 CITY -ST-2P       Image       Image       Addition         MEET ADDRESS       STD       DELETE       2:1 TITLE       Image		17.0502 and 607 State of Florida obligations of, S	7.1508, Florida Statu 1. Such change was Section 607.0505, F	84	City	poration submits this statement for th tion's board of directors. I hereby ac		
RECT ADDRESS ROUTE 13, BOX 1154-C LAKE CITY FL LE STD DELETE 21 TITLE 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS Y-ST-ZIP LIVE OAK FL 24 CITY-ST-ZIP LE DELETE 23 STREET ADDRESS Y-ST-ZIP LE DELETE 24 CITY-ST-ZIP CET ADDRESS Y-ST-ZIP DELETE 23 STREET ADDRESS Y-ST-ZIP DELETE 24 CITY-ST-ZIP CE Change Addition Add	GNATURE Signature, typed or printed name of registe	ared agent and litle if a	applicable. (NO	tes, the above authorized be lorida Statute	City ve-named corp by the corpora	(red when reinstating)	PL e purpose of changing cept the appointment a DATE	its registered s registered
Y-ST-2P       LAKE CITY FL       14 OIY-ST-2P         LE       STD       DELETE       2.1 TITLE         LE       STD       DELETE       2.1 TITLE         LE       MC       HARRELL, MICHAEL H.       2.2 STREET ADDRESS         Y-ST-2P       LIVE OAK FL       2.3 STREET ADDRESS         LE	SNATURE Signature, typed or printed name of register OFFICER	ared agent and litle if a	applicable. (NO ORS	tes, the above authorized to authorize to the statute to the statute to the statute of the statu	City ve-named corp by the corpora	(red when reinstating)	DATE FICERS AND DIRECTO	its registered s registered RS IN 12
LE       STD       DELETE       21 TITLE       Change       Additio         ME       HARRELL, MICHAEL H.       23 STREET ADDRESS       23 STREET ADDRESS	SNATURE Signature, typed or printed name of register OFFICER E PD AE CRAPPS, DANIEL	ared agent and little # 4 IS AND DIRECT	applicable. (NO ORS	84 tes, the above authorized b lorida Statute TE: Registered A 13. 1.1 TITLE	City ve-named corp y the corpora es.	(red when reinstating)	DATE FICERS AND DIRECTO	its registered s registered RS IN 12
HEET ADDRESS     111 E. HOWARD ST.     23 STREET ADDRESS       LLVE OAK FL     .4 CITY - ST - ZIP       LE	SNATURE Stgr sture, typed or printed name of registe OFFICER LE PD AE CRAPPS, DANIEL EET ADDRESS ROUTE 13, BOX 1154-C	ared agent and little # 4 IS AND DIRECT	applicable. (NO ORS	84 authorized b lorida Statute 13. 1.1 TITLE 12 NAME 1.3 STREE	City     City     Cry     ve-named corp     vithe corpora     ss.     gent signature requi     T ADDRESS	(red when reinstating)	DATE FICERS AND DIRECTO	its registered s registered RS IN 12
Y-ST-2IP       LIVE OAK FL       2.4 CitY-ST-2IP         LE       DELETE       3.1 TiTLE       Change       Addition         Me       3.2 NAME       3.3 STREET ADDRESS       3.3 STREET ADDRESS         Y-ST-2IP       3.4 CitY-ST-2IP       Change       Addition         LE       DELETE       3.4 CitY-ST-2IP       Change       Addition         V-ST-2IP       3.4 CitY-ST-2IP       Change       Addition         LE       DELETE       4.1 TiTLE       Change       Addition         KE       DELETE       4.1 TiTLE       Change       Addition         V-ST-2IP       4.2 NAME       4.2 NAME       4.2 NAME       4.2 NAME         V-ST-2IP       4.4 CitY-ST-2IP       Change       Addition         LE       DELETE       5.1 TiTLE       Change       Addition         AE       DELETE       5.1 TiTLE       Change       Addition         AE       ST-2IP       5.4 CitY-ST-2IP       Change       Addition         AE       ST-2IP       5.4 CitY-ST-2IP       Change       Addition         KE       ADDRESS       5.3 STREET ADDRESS       Change       Addition         KE       ST-2IP       5.4 CitY-ST-2IP       Change	SNATURE Signature, typed or printed name of registe OFFICER AE PD AE CRAPPS, DANIEL EET ADDRESS ROUTE 13, BOX 1154-C Y-ST-ZIP LAKE CITY FL	ared agent and little # 4 IS AND DIRECT	applicable. (NO ORS	B4       authorized b       lorida Statute       13.       1.1 TITLE       1.2 NAME       1.3 STREE       1.4 CITY-	City     City     Cry     ve-named corp     vithe corpora     ss.     gent signature requi     T ADDRESS	(red when reinstating)	DATE	its registered s registered RS IN 12 Additio
E.       DELETE       3.1 TITLE       Change       Additio         AE       3.2 NAME       3.3 STREET ADDRESS       3.3 STREET ADDRESS         C-ST-ZIP       3.4. CITY-ST-ZIP       Change       Additio         EE       DELETE       4.1 TITLE       Change       Additio         KE       DELETE       5.1 TITLE       Change       Additio         LET ADDRESS       S.3 STREET ADDRESS       S.3 STREET ADDRESS       S.3 STREET ADDRESS         -ST-ZIP       4.0 CITY-ST-ZIP       Change       Additio         LE       DELETE       S.1 TITLE       Change       Additio         LE       S.2 NAME       S.3 STREET ADDRESS       S.3 STREET ADDRESS       S.4 CITY-ST-ZIP         LE       DELETE       6.1 TITLE       Change       Additio         LE       DELETE       6.3 STREET ADDRESS       S.3 STREET ADDRESS       S.3 STREET ADDRESS         -ST-ZIP       STREET ADDRESS       S.3 STREET ADDRESS       S.3 STREET ADDRESS       S.3 STREET ADDRESS	SNATURE Signature, typed or printed name of registe OFFICER E E CRAPPS, DANIEL ROUTE 13, BOX 1154-C LAKE CITY FL E AE HARRELL, MICHAEL H.	ared agent and little # 4 IS AND DIRECT	applicable. (NO ORS	Begistered A       TE: Registered A       13.       1.1 TITLE       1.2 NAME       1.3 STREE       1.4 CITY-       2.1 TITLE	City     ve-named corp     y the corpora     se.     arn signature requi     T ADDRESS     ST-ZIP	(red when reinstating)	DATE	its registere s registered RS IN 12
EET ADDRESS       3.3 STREET ADDRESS         (-SI-2IP       3.4. CITY-ST-2IP         AE	SNATURE Stgr sture, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT	applicable. (NO ORS	Begistered Ay       13.       13.       1.1 TITLE       1.2 NAME       1.3 STREE       1.4 CITY-       2.1 TITLE       2.2 NAME       2.3 STREE	City     ve-named corp     y the corpora     s.     TADDRESS     ST-ZIP     TADDRESS	(red when reinstating)	DATE	its registere s registered RS IN 12
Y-ST-ZIP       34. CITY-ST-ZIP	SNATURE Stgr sture, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		Bit       authorized b       authorized b       lorida Statute       13.       13.       1.1 TITLE       1.2 NAME       1.3 STREE       1.4 CITY-       2.1 TITLE       2.2 NAME       2.3 STREE       2.4 CITY-	City     ve-named corp     y the corpora     s.     TADDRESS     ST-ZIP     TADDRESS	(red when reinstating)	PL     Purpose of changing     cept the appointment a      DATE     FICERS AND DIRECTO     Change     Change	its registered s registered RS IN 12 Additio
LE DELETE 4.1 TITLE Change Addition ME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP LE DELETE 5.1 TITLE LE ODELETE 5.1 TITLE LE ODELETE 5.1 TITLE LET ADDRESS 4.4 CITY-ST-ZIP LE S1 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP LE CHANGE Addition LE CHANGE Addition LE CHANGE ADDRESS 4.4 CITY-ST-ZIP LE CHANGE ADDRESS 5.4 CITY-ST-ZIP LE CHANGE ADDRESS 6.4 CITY-ST-ZIP LE CHANGE ADDRESS 6.4 CITY-ST-ZIP Addition ADDLETE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	SNATURE Stgr sture, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		Bit       authorized b       authorized b       lorida Statute       13.       13.       1.1 TITLE       1.2 NAME       1.3 STREE       1.4 CITY-       2.1 TITLE       2.2 NAME       2.3 STREE       2.4 CITY-       3.1 TITLE	City     ve-named corp     ythe corpora     set     set     int signature requi      ADDRESS     ST-ZIP     TADDRESS     sT-ZIP	(red when reinstating)	PL     Purpose of changing     cept the appointment a      DATE     FICERS AND DIRECTO     Change     Change	its registered s registered RS IN 12 Additio
HE     4.2 NAME       KET ADDRESS     4.3 STREET ADDRESS       Y-ST-ZIP     4.4 CITY-ST-ZIP       LE     DELETE       JDELETE     5.1 TITLE       AE     5.2 NAME       IEET ADDRESS     5.3 STREET ADDRESS       Y-ST-ZIP     5.4 CITY-ST-ZIP       JDELETE     6.1 TITLE       LE     Change       Addition     6.2 NAME       KE     Change       Addition     6.1 TITLE       LE     Change       Addition     6.2 NAME       KE     6.3 STREET ADDRESS       KE     Change       Addition     6.2 NAME       KET ADDRESS     6.3 STREET ADDRESS       Y-ST-ZIP     Change	SNATURE Stgr sture, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		Bit       authorized b       authorized b       lorida Statute       13.       13.       1.1 TITLE       1.2 NAME       1.3 STREE       1.4 CITY-       2.1 TITLE       2.2 NAME       2.3 STREE       2.4 CITY-       3.1 TITLE       3.2 NAME       3.3 STREE	City     ve-named corp     ythe corpora     se.     TADDRESS     ST-ZIP     TADDRESS     ST-ZIP     TADDRESS	(red when reinstating)	PL     Purpose of changing     cept the appointment a      DATE     FICERS AND DIRECTO     Change     Change	its registered s registered RS IN 12 Additio
Y - ST - ZIP     4.4 CITY - ST - ZIP       LE     DELETE     5.1 TITLE       ME     5.2 NAME       HEET ADDRESS     5.3 STREET ADDRESS       Y - ST - ZIP     5.4 CITY - ST - ZIP       LE     DELETE     6.1 TITLE       ME     6.2 NAME       KEET ADDRESS     6.3 STREET ADDRESS       V - ST - ZIP     6.4 CITY - ST - ZIP       LE     DELETE     6.1 TITLE       KEET ADDRESS     6.3 STREET ADDRESS       KEET ADDRESS     6.3 STREET ADDRESS       Y - ST - ZIP     6.4 CITY - ST - ZIP	SNATURE Stgr sture, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		B4           tes, the abox authorized b           lorida           13.           13.           1.1 TITLE           1.2 NAME           1.3 STREE           2.4 CITY-           2.1 TITLE           2.3 STREE           2.4 CITY-           3.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-	City     ve-named corp     ythe corpora     se.     TADDRESS     ST-ZIP     TADDRESS     ST-ZIP     TADDRESS	(red when reinstating)	PL     Purpose of changing     cept the appointment a      OATE     FICERS AND DIRECTO     Change     Change     Change	its registered
LE         DELETE         5.1 TITLE         Change         Addition           AE         5.2 NAME         5.2 NAME         5.3 STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP         5.4 CITY - ST - ZIP         6.4 CITY - ST - ZIP         6.1 TITLE         Change         Addition           .E	SNATURE Stgr sture, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		B4       tes, the abox authorized b       lorida Statute       13.       1.1 TITLE       1.2 NAME       1.3 STREE       2.4 CITY-       2.1 TITLE       2.2 NAME       2.3 STREE       2.4 CITY-       3.1 TITLE       3.2 NAME       3.3 STREE       3.4 CITY-       4.1 TITLE	City     ve-named corpora     sy the corpora     set of the corpora     set of the corpora     set of the corpora     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP	(red when reinstating)	PL     Purpose of changing     cept the appointment a      OATE     FICERS AND DIRECTO     Change     Change     Change	its registered
AE     52 NAME       IEET ADDRESS     63 STREET ADDRESS       Y-ST-ZIP     5.4 CITY-ST-ZIP       .E     DELETE       AE     6.1 TITLE       AE     6.2 NAME       IEET ADDRESS     6.3 STREET ADDRESS       VE     6.2 NAME       IEET ADDRESS     6.3 STREET ADDRESS       V-ST-ZIP     6.4 CITY-ST-ZIP	SNATURE Stgr sture, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		B4           tes, the abox authorized b           lorida           113.           1.1 TITLE           1.2 NAME           1.3 STREE           2.4 CITY-           2.1 TITLE           2.2 NAME           2.3 STREE           2.4 CITY-           3.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           4.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           4.2 NAME           4.3 STREE	City     Ve-named corpora     Sy the corpora     Sy the corpora     Sy the corpora     Sy the corpora     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS	(red when reinstating)	PL     Purpose of changing     cept the appointment a      OATE     FICERS AND DIRECTO     Change     Change     Change	its registered
Y-ST-2IP         5.4 CITY-ST-2IP           LE         DELETE         6.1 TITLE         Change         Addition           /E         6.2 NAME         6.2 NAME         E         E         E         E         6.3 STREET ADDRESS         6.3 STREET ADDRESS         6.4 CITY-ST-2IP         E	SNATURE Signature, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		B4           tes, the abox authorized b           lorida Statute           TE: Registered As           13.           1.1 TITLE           1.2 NAME           1.3 STREE           2.4 CITY-           3.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           4.2 NAME           4.3 STREE           4.4 CITY-	City     Ve-named corpora     Sy the corpora     Sy the corpora     Sy the corpora     Sy the corpora     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS	(red when reinstating)	PL     Purpose of changing     cept the appointment a     OATE     FICERS AND DIRECTO     Change     Change     Change     Change	its registered
LE DELETE 6,1 TITLE Change Addition AE 6,2 NAME GET ADDRESS V-ST-7/P 6,4 CITY-ST-7/P 6,4 CITY-ST-7/P	SNATURE Stgr sture, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		B4           tes, the abox authorized b           lorida Statute           TE: Registered Ax           13.           1.1 TITLE           1.2 NAME           1.3 STREE           2.4 CITY-           3.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           4.2 NAME           4.3 STREE           4.4 CITY-           5.1 TITLE	City     Ve-named corpora     Sy the corpora     Sy the corpora     Sy the corpora     Sy the corpora     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS     ST-ZIP     T ADDRESS	(red when reinstating)	PL     Purpose of changing     cept the appointment a     OATE     FICERS AND DIRECTO     Change     Change     Change     Change	its registered
ME         6.2 NAME           MEET ADDRESS         6.3 STREET ADDRESS           Y - ST - ZIP         6.4 OTX - ST - ZIP	SNATURE Signature, typed or printed name of register OFFICER E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		B4           tes, the abox authorized b           lorida Statute           TE: Registered As           13.           1.1 TITLE           1.2 NAME           1.3 STREE           2.4 CITY-           3.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           4.2 NAME           4.3 STREE           4.4 CITY-           5.1 TITLE           5.2 NAME	City     ve-named corp     y the corpora     ss.     corpora     ss.     TADRESS     ST-ZIP     TADRESS     ST-ZIP     TADRESS     ST-ZIP     TADRESS     ST-ZIP     TADRESS     ST-ZIP     TADRESS     ST-ZIP	(red when reinstating)	PL     Purpose of changing     cept the appointment a     OATE     FICERS AND DIRECTO     Change     Change     Change     Change	its registered
AGET ADDRESS	SNATURE Signature, typed or printed name of register OFFICER E E F OFFICER CRAPPS, DANIEL ROUTE 13, BOX 1154-C LAKE CITY FL E STD AE HARRELL, MICHAEL H. 111 E. HOWARD ST. (-ST-ZIP LIVE OAK FL E E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		B4           tes, the abox authorized b           lorida           113.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-           2.1 TITLE           2.2 NAME           2.3 STREE           2.4 CITY-           3.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           4.2 NAME           4.3 STREE           4.4 CITY-           5.1 TITLE           5.2 NAME           5.3 STREE           5.4 CITY-	City     Ve-named corpora     Software required the corpora     Software required to the corpora     Software required to the corpora     TADDRESS     ST-ZIP	(red when reinstating)	PL     Purpose of changing     cept the appointment a      OATE     FICERS AND DIRECTO     Change     Change     Change     Change     Change	its registered
Y-ST-ZIP 64 CITY-ST-ZIP	SNATURE Signature, typed or printed name of register OFFICER E E F OFFICER CRAPPS, DANIEL ROUTE 13, BOX 1154-C LAKE CITY FL E STD AE HARRELL, MICHAEL H. 111 E. HOWARD ST. (-ST-ZIP LIVE OAK FL E E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		B4           tes, the abox authorized b           lorida           113.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-           2.1 TITLE           2.2 NAME           2.3 STREE           2.4 CITY-           3.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           4.2 NAME           4.3 STREE           4.4 CITY-           5.1 TITLE           5.2 NAME           5.3 STREE           5.4 CITY-           6.1 TITLE	City     Ve-named corpora     Software required the corpora     Software required to the corpora     Software required to the corpora     TADDRESS     ST-ZIP	(red when reinstating)	PL     Purpose of changing     cept the appointment a      OATE     FICERS AND DIRECTO     Change     Change     Change     Change     Change	its registered s registered RS IN 12 Additio
	SNATURE Signature, typed or printed name of register OFFICER E E P OFFICER CRAPPS, DANIEL ROUTE 13, BOX 1154-C LAKE CITY FL E STD AE HARRELL, MICHAEL H. 111 E. HOWARD ST. (-ST-ZIP LIVE OAK FL E E E E E E E E E E E E E E E E E E E	ared agent and little # 4 IS AND DIRECT		B4           tes, the abox authorized b           lorida           TE:           Registered A           13.           1.1 TITLE           1.2 NAME           1.3 STREE           2.4 CITY-           2.1 TITLE           2.3 STREE           2.4 CITY-           3.1 TITLE           3.2 NAME           3.3 STREE           3.4. CITY-           4.1 TITLE           4.2 NAME           4.3 STREE           4.4 CITY-           5.1 TITLE           5.2 NAME           5.3 STREE           5.4 CITY-           6.1 TITLE           6.2 NAME	4         City           ve-named corp by the corporation of address         corporation of address           57         Address           57         Address           57         Zip           17         Address           57         Zip           17         Address           57         Zip           17         Address           51         Zip           17         Address           51         Zip           17         Address           51         Zip           1         Address           51         Zip           1         Address           51         Zip	(red when reinstating)	PL     Purpose of changing     cept the appointment a      OATE     FICERS AND DIRECTO     Change     Change     Change     Change     Change	its registered s registered

ł.