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3. Thereby 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 suppliemental report is true and accurate and that my supplier shall have the same least offert as if it is true and accurate and that my supplier is the same least offert as if it is true and accurate and that my supplier.	CHY-ST-ZIP Defete THEE NAME STREET ADDRESS Change	
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Bloc changed, or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP Delete THEE NAME STREEL ADDRESS CITY-ST-ZIP Qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	mation
IGNATURE: Lengtent Keith Kent Charman 4/29/02 813962270	Detete THE NAME STREET ADDRESS CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inform and that my signature shall have the same legal effect as if made under oath; that I am an officer or discovered.	mation director ock 12 if

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