## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

を重要するから、 1000の一個のでは、 1000のでは、1000のでは



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H93148

(5)

MARY M. CALLAWAY, P.A.

## **FILED** Apr 22 1998 8:00am Secretary of State

|--|

1900 N PALFON ST.   1900 N PALFON ST.   1900 N PALFON ST.   1900 N 2009   PRISACOLA Ft. 25316   Do NOT WRITE IN THIS SPACE	1900 N PALAFOX ST.   1900 N	150 N PALAPOX ST.   150 N PALAPOX ST.   150 N 2009   PRISACOLA FL 32916   PRO X 3009   PRISACOLA FL 32916   PRO X 3009   PRISACOLA FL 32916   PRISACOLA FL							J <b>310</b> 1 0101 0101 0101 0141 0141 1001	
PRINACOLA FL 23516 PRINACOLA FL 4 FC Number 25	PO. BOX 9899' PRISACOLA FI, 32916  PRISACOLA FI, 4161  PRISACOLA FI, 4161	PRISACOLA FL 32916 PRISACOLA FL	•		Mailing Address					
PENSACOLA FL 25316 PENSACOLA FL 25316 PENSACOLA FL 25316 PENSACOLA FL 25316 2. Date Incorporated or Qualified Of Qualified	PRISACOLA FL 32916  PRISACOLA FL 32916  PRISACOLA FL 32916  2 A. Mailing Addresse 2 B. Mailing Addresse 2 B. Mailing Addresse 2 B. Mailing Addresse 3 City & State 4 City 4 C	PRISACOLA FL 32916  Principal Place of Business  2a. Mailing Ankforess 2b. Mailing Ankforess 2c. State 2c. Country 2c. State 2c. Country 2c. Count								
2. Principal Place of Business   2a, Mailing Address   4. FET Nombay   Applicat For 50-2837785   Not Applicat For 50-2837785	Divide April Rade of Business	Principal Place of Business						DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
Sulfe, Apt #, etc.    Sulfe, Apt #, etc.   Sulfe, A	Suite, Apt # 6c   Suite, Apt # 9c   Suite, Apt #	Suite, Apt # 66.  Suite, Apt #		_			-			
Suite, Apt. #, etc. 2   Suite. Apt. #, etc. 2   Suite. Apt. #, etc. 2   Suite. Apt. #, etc. 3   Suite. Apt. #, etc. 4   Suite. Apt. #, etc. 5   Suite.	Suite. Apt #, etc.    Suite. Apt #, etc.   Suite. A	Suite, Apt. #, etc.    Suite	2. Principal Pl	ace of Business	2a, Mailing Address				Applied For	
City & State  Ci	City & State  Ci	City & State  Country  Country  City & State  Country						59-2637785	Not Applicat	
Trust Fund Contribution	28	28	2		27			5. Certificate of Status Desired	7	
Country   2p	CALAWAY, MARY M.   Security   S	Country   2P			1					
S. Name and Address of Current Registered Agent  CALAWAY, MARY M. 1800 N PALAFOX ST. P.O. BOX 38097 (2P 32516) PENSACOLA FL 32501  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutis, the above-named corporation submits this statement for the purpose of changing its registered agent. I am humaniar with, and accept the obligations of Sections Statutis, the above-named corporations submits this statement for the purpose of changing its registered agent. I am humaniar with, and accept the obligations of Sections Statutis.  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutis, the above-named corporation submits this statement for the purpose of changing its registered agent. I am humaniar with, and accept the obligations of Section 607 0505, Florida Statutis.  12. Difficity of the corporation's board of directors. I hereby accept the appointment as registered agent. I am humaniar with, and accept the obligations of Section Statutis.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  15. DIRECTORS IN 12.  15. STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. STREET ADDITIONS ST.  17. ST. 2P  18. STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. STREET ADDITIONS ST.  19. STREET AD	S. Name and Address of Current Registered Agent  CALAWAY, MARY M. 1800 N PALAFOX ST. P.O. 80 X 36097 (ZIP 32516) PENSACOLA FL 32501  83  84	9. Name and Address of Current Registered Agent  CALAWAY, MARY M. 1800 N PALAFOX ST. P.O. 80X 38097 (ZP 32516) PENSACOLA FL 32501  83  84		<b>⊢</b> ′	<b>⊢</b> ₁	<del> </del>	intry			
1900 N PALAFOX ST. P.O. BOX 36097 (ZP 32516) PENSACOL FL 32501  83  84 City FL 85 Zip Code  191. Pursuant 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. I am himiline with, and accept the obligations of Sections 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am himiline with, and accept the obligations of Sections 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am himiline with, and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am himiline with, and accept the obligations of Sections Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18.	Record   R	1. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the ebipations of, Section 607 6566, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the epiponiment as registered agent, and mainties with an effect of 607 6566, Florida Statutes.   1. Pursuant to the provisions of Section 607 6566, Florida Statutes, the above-named corporation's board of directors. I hereby accept the epiponiment as registered agent, and mainties with an effect of 607 6566, Florida Statutes.   1. Pursuant to the provisions of Section 607 6566, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered of the original state of the corporation's board of directors. I hereby accept the appointment as registered special states.   1. Pursuant to the provisions of Section 607 6566, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered with research and the corporation's board of directors. I hereby accept the appointment as registered with research and the corporation's board of directors. I hereby accept the appointment as registered with research and the corporation's board of directors. I hereby accept the appointment as registered with research and the corporation's board of directors. I hereby accept the appointment as registered with research and the corporation's board of directors. I hereby accept the corporation's board of directors. I hereby accept the appointment as registered with research	<u></u>	9. Name and Address of Curre					ered Agent	
P.O. BOX 38097 (ZIP 32516) PENSACOLA FL 32501  83  84 City FL 85 Zip Code  FL	PENSACOLA FL 32516) PENSACOLA FL 32501  83  City FL  85	PENSACOLA FL 32501  11. Pursuant to the provisions of Sections 607 01-02 and 607 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam femiliar with, and accept the obligations of Section 607 60-05. Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent. Lam femiliar with, and accept the obligations of Section 607 60-05. Florida Statutes  SIGNATURE  Sequence in the metalar with, and accept the obligations of Section 607 60-05. Florida Statutes  SIGNATURE  Sequence in the metalar with and accept the obligations of Section 607 60-05. Florida Statutes  SIGNATURE  Sequence in the metalar with and accept the obligations of Section 607 60-05. Florida Statutes  SIGNATURE  Sequence in the metalar with and accept the obligations of Section 607 60-05. Florida Statutes  SIGNATURE  Sequence in the metalar with and accept the obligations of Section 607 60-05. Florida Statutes  SIGNATURE  Sequence in the metalar with and accept the obligations of Section 607 60-05. Florida Statutes  SIGNATURE  Sequence in the purpose of changing its registere of directors. I hereby accept the approximent as registered statutes are supported with the sequence of the object of directors. I hereby accept the purpose of changing its registered statutes as the sequence of directors. I hereby accept the purpose of changing its registered statutes as the sequence of directors. I hereby accept the purpose of changing its registered statutes as the sequence of the corporation's board of directors. I hereby accept the purpose of changing its registered statutes as the sequence of the corporation's board of directors. I hereby accept the purpose of changing its registered agent in the sequence of the corporation's board of directors. I hereby accept the purpose of changing its registered agent in the sequence of the corporation's board of directors. I hereby accept the sequence of changing its registered agent sequence of th	CAL	AWAY, MARY M.			81 Name			
P.O. BOX 38097 (ZIP 32516) PENSACOLA FL 32501  83  84	P.O. BOX 38097 (ZIP 32516) PENSACOLA FL 32501  B4	P.D. BOX 36097 (ZIP 32516) PENSACOLA FL 32501  84					82 Street Add	dress (P.O. Box Number is Not Acceptable)		
17. Pursuant to the provisions of Sections 6D7/0502 and 607/1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607/0505. Florida Statutes agent, and an accept the obligations of Section 607/0505. Florida Statutes agent, and an accept the obligations of Section 607/0505. Florida Statutes agent and accept the obligations of Section 607/0505. Florida Statutes agent approximation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Section 607/0505. Florida Statutes and the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Section 607/0505. Florida Statutes and the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Section Statutes and accept the obligations of Section Statutes and accept the obligation of Section Statutes and accept the depletion of Change and Accept the Accept th	Pursuant 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. In this State of Frontal, Such change was authorized by the corporation's board of directors. I hereby sccept the appointment as registered agent. I am femiliar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am femiliar with, and accept the obligations of, Section 607 0505, Florida Statutes and accept the obligations of Section 607 0505, Florida Statutes and accept the obligations of Section 607 0505, Florida Statutes, I hereby sccept the appointment as registered agent of the corporation's board of directors. I hereby sccept the appointment as registered agent of the corporation's board of directors. I hereby sccept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board of directors. I hereby scept the appointment as registered agent of the corporation's board directors. I hereby scept the appointment and scent appointment	Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. In this State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am furnition with, and accept the delignations of Section 607 05:05, Florida Statutes and accept the delignations of Section 607 05:05, Florida Statutes and accept the delignation of Section 607 05:05, Florida Statutes and accept the delignation of Section 607 05:05, Florida Statutes, The approximation of Section 11 of the corporation's board of directors. I hereby accept the appointment as registered agent of the purpose of changing its registered agent of the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board and accept the corporation's board and accept the corporation						aross (1.5. Dox Harrison is the Accoptable)		
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Provide Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607 05:05, Florida Statutes.    Signature typed or protect one of the fined agent and the applicable   POSTE Registered Agent algebraic registered in familiar with, and accept the obligation and the applicable   POSTE Registered Agent algebraic registered in familiar with, and accept the applicable   POSTE Registered Agent algebraic registered in familiar with, and accept the obligation and the applicable   POSTE Registered Agent algebraic registered when restating)   BATE	11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Stetutes, the above-named corporation submitts this statement for the pursuase of changing its registered office or registered agent. I am familiar with the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept thre objection 607.05.06, Florida Statutes.  SIGNATURE  Signatur. 1980 or provided with the standard agent with the applicable.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE  PSD	1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered of ore registered agent. I mit the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I methids with, and accept the chigalianis of, Section 607.0506, Florida Statutes.  SIGNATURE  Signature type of provide during should agric with the Hay (Scale). PROTE Registered Agent signature required when receiving.  DATE  2. OFFICE RS AND DIRECTORS IN 12.  THE PSD CALLAWAY, MARY M  12 NAME  TREET ADDRESS  INC-ST-2P  REF ADDRESS  INC-ST-2P  R	FER	IONCOLN IL SESOI						
11. Pursuant to the provisions of Sections 607 0:02 and 607 1508. Frontal Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0:00, Florida Statutos.  SIGNATURE  SI	11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutos.	1. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere diffice or registered agent. I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes.    SIGNATURE		•			B4 City		EI 85 Zip Code	
Signature, typic or printed carried darge factors and particular of the particular particular of the particular particular of the particular particular of the particular partic	Speakers type for prevend marker of they streed against and black-lay pictuals and black-la	Signature, typed or primed maner of the ptends approximated in the Fall-processes (PINCLE Registered Approximation encessions)   DATE    Signature, typed or primed maner of the ptends approximated approximation encessions)   DATE    OFFICERS AND DIRECTORS IN 12    THE   PSD	office or re	egistered agent, or both, in the Stat	e of Florida. Such change was	authorize	d by the corpor.	rporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered	
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE   Change   Additional	DELETE   STREET ADDRESS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	### OFFICE'RS AND DIRECTORS  ### PSD		Slansture, typed or printed name of redistered as	unit and tille if applicable (NO	1f. Registere	d Agent signature reg	suired when reinstating)	ATE	
CALLAWAY, MARY M  1000 N PALAFOX ST. PENSACOLA FL  DELETE  21 TITLE  AMME  13 STREET ADDRESS  14 CITY-ST-2PP  TITLE  AMME  22 NAME  23 STREET ADDRESS  23 STREET ADDRESS  24 CITY-ST-2PP  TITLE  ADDRESS  33 STREET ADDRESS  33 STREET ADDRESS  33 STREET ADDRESS  33 STREET ADDRESS  34 CITY-ST-2PP  TITLE  AMME  AM	CALLAWAY, MARY M  1800 N PALAFOX ST.  PENSACOLA FL  13 STREET ADDRESS  14 CITY-ST-2IP  MARE  MARE  MIRET ADDRESS  17 ST-2IP  MILE  MARE	TREET ADDRESS TITY-ST-ZIP TREE  CALLAWAY, MARY M  1800 N PALAFOX ST.  PENSACOLA FL  13 STREET ADDRESS 14 CITY-ST-ZIP  TITLE  AME  175-ST-ZIP  TREE  AME  1800 DELETE  27 TITLE  27 TITLE  27 NAME  28 STREET ADDRESS  2.4 CITY-ST-ZIP  TREE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  TY-ST-ZIP  TREE  3.4 CITY-ST-ZIP  TREE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  TY-ST-ZIP  TREE  4.3 STREET ADDRESS  TY-ST-ZIP  TREE  4.4 CITY-ST-ZIP  TREE  4.5 STREET ADDRESS  TY-ST-ZIP  TREE  4.6 CHANGE  5.3 STREET ADDRESS  TY-ST-ZIP  TREE  AME  5.3 STREET ADDRESS  TY-ST-ZIP  TREE  AME  5.3 STREET ADDRESS  TY-ST-ZIP  TREE  4.4 CITY-ST-ZIP  TREE  4.5 STREET ADDRESS  TY-ST-ZIP  TREE  4.6 CHANGE  5.7 STREET ADDRESS  TY-ST-ZIP  TREE  4.6 STREET ADDRESS  TY-ST-ZIP  TREE  4.6 STREET ADDRESS  TY-ST-ZIP  TREET ADDRESS  TREET ADDRESS  TY-ST-ZIP  TREET ADDRESS  TREET ADDRESS  TY-ST-ZIP  TREET ADDRESS  T		<del></del>			2			
1600 N PALAFOX ST.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	1800 N PALAFOX ST.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	1800 N PALAFOX ST.   1.3 STREET ADDRESS   14 CITY-ST-ZIP	TITLE	PSD	☐ DELETE	1.1 Ti	TLF		☐ Change ☐ Additi	
PENSACOLA FL  14 CITY-ST-ZIP  ITTLE  MARE  12 STREET ADDRESS	PENSACOLA FL  ITLE    DELETE   21 TITLE     Change   Addition	PENSACOLA FL  ITLE  JOELETE  2.1 ITILE  2.2 NAME  2.2 NAME  3.2 STREET ADDRESS  ITREET ADDRESS  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  ALCHY-ST-ZIP  ALCHY-ST-ZIP  Change  Addition  Addition  AME  ARE  ARE  ARE  ARE  ARE  ARE  ARE	(AME			1.2 N	AME			
DELETE   2   TITLE	TITLE   DELETE   21 TITLE   DELETE   21 TITLE   Delete   Addition   Addition	TREE DELETE 21 TITLE 22 NAME 22 STREET ADDRESS 77Y-S1-2IP TREE ADDRESS 24 CUTY-S1-2IP TREE ADDRESS 33 STREET ADDRESS 34 CUTY-S1-2IP TREE ADDRESS 45 CUTY-S1-2IP TREE ADDRESS 45 CUTY-S1-2IP TREE ADDRESS 45 CUTY-S1-2IP TREE ADDRESS 45 STREET ADDRESS 45 STREET ADDRESS 51 TITLE	STREET ADDRESS			1.3 \$1	FREET ADDRESS			
		AME IREET ADDRESS  2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  TILE  DELETE 3.1 TILE  DELETE 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  TILE  MAKE 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  TILE  MAKE 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 17Y-ST-ZIP  TILE  MAKE 6.3 STREET ADDRESS 17Y-ST-ZIP  TILE  MAKE 6.3 STREET ADDRESS 17Y-ST-ZIP  TILE  MAKE 6.3 STREET ADDRESS 17Y-ST-ZIP  TILE 6.1 TILE 6.3 STREET ADDRESS 17Y-ST-ZIP  TILE 6.4 CITY-ST-ZIP  TILE 6.5 STREET ADDRESS 17Y-ST-ZIP  TILE 6.5 STREET ADDRESS 17Y-ST-ZIP 17Y	HTY-ST-ZIP	PENSACOLA FL		1.4 C	TY-ST-ZIP			
22 STREET ADDRESS   2.4 CITY - ST - ZIP	TREET ADDRESS  #TY-ST-ZIP    DELETE   DELETE   Addrice   Address	TREET ADDRESS  #TY-ST-ZIP    DELETE   DELETE   31 TITLE   Change   Addrice	TLE		DELETE	2.1 TI	TLE		☐ Change ☐ Additi	
### #### #############################	### DELETE 2.1 TITLE	### DELETE	IAME			2.2 N/	AME.			
DELETE   DELETE   31 TITLE     Change   Addition	TITLE  LAME  JELETE  J	TREE AME  AME  TREET ADDRESS  TREET	STREET ADDRESS			2.3 ST	TREET ADDRESS			
AMME  3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  TITLE  DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS STRY-ST-ZIP  TITLE DELETE 5.1 TITLE DELETE 5.1 STREET ADDRESS STRY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS STRY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS STRY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS STRY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS STRY-ST-ZIP TITLE DELETE Change Addition STRY-ST-ZIP TITLE DELETE STREET ADDRESS STRY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS STRY-ST-ZIP TITLE DELETE STREET ADDRESS STREET AD	AME  TREET ADDRESS  33 STREET ADDRESS  AL CITY-ST-ZIP  TITLE  ALT TITLE  AL CITY-ST-ZIP  TREET ADDRESS  TREET ADDRESS  TREET ADDRESS  AL CITY-ST-ZIP  AL CITY-ST-ZIP  TREET ADDRESS  AL CITY-ST-ZIP  DELETE  AL CITY-ST-ZIP  DELETE  ADDRESS  TO STREET ADDRESS  TITLE  AMME  5.2 NAME  5.3 STREET ADDRESS  TITLE  AMME  5.3 STREET ADDRESS  TITLE  AMME  6.3 STREET ADDRESS  TITLE  AMME  6.4 CITY-ST-ZIP  4. In preby 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 is proported and that my signature shall have the complement and freedy code, code, that Learner and the tree shall have the same level officed as if medic under code, that Learner and the tree shall have the same level officed as if medic under code, that Learner and the tree shall have the same level officed as if medic under code, that Learner and the tree shall have the same level officed as if medic under code, that Learner and the tree shall have the same level officed as if medic under code, that Learner and the tree shall have the same level officed as if medic under code, that Learner and the tree shall have the same level officed as if medic under code, that Learner and the code is the shall have the same level officed as if medic under code the same shall have the same level officed as if medic under code the same shall have the same level officed as if medic under code the same shall have t	AME  TREET ADDRESS  TY-ST-ZIP  34. CITY-ST-ZIP  TILE  AME  4. 2 NAME  4. 2 NAME  4. 3 STREET ADDRESS  TY-ST-ZIP  TILE  DELETE  4. 1 TITLE  4. 1 TITLE  4. 1 TITLE  MAGINIO  AME  4. 2 NAME  4. 4 CITY-ST-ZIP  TLE  DELETE  5. 1 TITLE  5. 3 STREET ADDRESS  TY-ST-ZIP  TLE  5. 3 STREET ADDRESS  TY-ST-ZIP  TILE  6. 1 TITLE  AME  6. 2 NAME  6. 3 STREET ADDRESS  TY-ST-ZIP  TILE  AME  6. 3 STREET ADDRESS  TY-ST-ZIP  TILE  AME  6. 3 STREET ADDRESS  TY-ST-ZIP  4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information in the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the exemption stated in Section 119.07(3)(i). Florida Statut								
STREET ADDRESS SITY-ST-ZIP  TITLE  DELETE  4.1 THLE  ANAME  4.2 NAME  4.3 STREET ADDRESS  SITY-ST-ZIP  TILE  DELETE  5.1 THLE  STREET ADDRESS	STREET ADDRESS SITY-ST-ZIP S14. CITY-ST-ZIP S14. CITY-ST-ZIP S15. CITY-ST-ZIP S15. CITY-ST-ZIP S16. CITY-ST-ZIP S17. ST-ZIP S17. ST-ZIP S17. ST-ZIP S18. CITY-ST-ZIP S18. CITY-S	TREET ADDRESS TITY-ST-ZIP TITLE  DELETE  ANNE  BELETE  DELETE  ANNE  ANNE  BELETE  BELET			U DELETE				L_J Change L_J Addition	
34. CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  SITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  STRE	ANAME  ANAME  AS STREET ADDRESS  AS CITY-ST-ZIP  TILE  AS STREET ADDRESS  AS CITY-ST-ZIP  TILE  DELETE  AS STREET ADDRESS  AS S	AME	•							
ITILE DELETE 4.1 TITLE	ITILE  AMME  ANME  4.2 NAME  4.3 STREET ADDRESS  ITY-ST-ZIP  ITULE  AMME  ACITY-ST-ZIP  ITULE  AMME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  ITY-ST-ZIP  ITULE  AMME  5.4 CITY-ST-ZIP  ITULE  AMME  5.4 CITY-ST-ZIP  ITULE  AMME  6.5 NAME  6.5 STREET ADDRESS  ITY-ST-ZIP  ITULE  AMME  6.5 NAME  6.5 STREET ADDRESS  ITY-ST-ZIP  AMME  6.6 STREET ADDRESS  ITY-ST-ZIP  4. I DELETE  6.1 TITLE  6.3 STREET ADDRESS  ITY-ST-ZIP  4. I Dereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ground report as supplication and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certify that I am and accutate and that my signature shall have the earne local effect as if made under certific that the information and that my signature shal	TITLE  AMME  ANME  4.2 NAME  4.3 STREET ADDRESS  TTY-ST-ZIP  TILE  AMME  AMME  AMME  DELETE  4.4 CITY-ST-ZIP  TREET ADDRESS  5.1 TITLE  Change Addition  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  TTY-ST-ZIP  TILE  DELETE  5.4 CITY-ST-ZIP  TILE  AMME  6.3 STREET ADDRESS  TREET AD					)			
### 4 2 NAME ### 4 2 NAME #### 4 2 NAME #### 4 3 STREET ADDRESS ###################################	AME  ### 4.2 NAME  ### 4.3 STREET ADDRESS  ### 5.7 ZIP  ### 5.1 TITLE  ### 5.2 NAME  ### 5.2 NAME  ### 5.2 NAME  ### 5.3 STREET ADDRESS  ### 5.3 STREET ADDRESS  ### 5.4 CITY - ST - ZIP  ### 6.1 TITLE  ### 6.1 TITLE  ### 6.2 NAME  ### 6.3 STREET ADDRESS  ### 6.3 STREET A	AME  TREET ADDRESS  4.2 NAME  4.3 STREET ADDRESS  TIV- ST-ZIP  TILE  DELETE  5.1 TITLE  Change Addition  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  TIV- ST-ZIP  TILE  DELETE  6.1 TITLE  Change Addition  6.2 NAME  6.3 STREET ADDRESS  TIV- ST-ZIP  TILE  AME  6.3 STREET ADDRESS  TIV- ST-ZIP  6.4 CITY- ST-ZIP  6.5 NAME  6.5 NAME  6.5 STREET ADDRESS  TIV- ST-ZIP  6.6 TITLE  6.7 NAME  6.7 NAME  6.8 STREET ADDRESS  TIV- ST-ZIP  6.9 NAME  6.9 NAME  6.9 STREET ADDRESS  TIV- ST-ZIP  6.1 Dereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ground report is true and accurate and that my signature shall have the same local effect as if medic under cetts, that I am accurate and that my signature shall have the same local effect as if medic under cetts, that I am accurate and that my signature shall have the same local effect as if medic under cetts, that I am accurate and that my signature shall have the same local effect as if medic under cetts, that I am accurate and that my signature shall have the same local effect as if medic under cetts, that I am accurate and that my signature shall have the same local effect as if medic under cetts, that I am accurate and that my signature shall have the same local effect as if medic under cetts, that I am accurate and that my signature shall have the same local effect as if medic under cetts, that I am accurate and that my signature shall have the same local effect as if medic under cetts.			DELETE				Change Addition	
A STREET ADDRESS  ##Y-ST-ZIP  ###################################	A 3 STREET ADDRESS  ### ACITY - ST - ZIP  ### BAME  ### BEET ADDRESS  ### ACITY - ST - ZIP  ### BAME  ### BEET ADDRESS	TREET ADDRESS  A3 STREET ADDRESS  A4 CITY-ST-ZIP  TRUE  AME  S2 NAME  52 NAME  52 NAME  53 STREET ADDRESS  TTY-ST-ZIP  TRUE  AME  DELETE  54 CITY-ST-ZIP  TRUE  AME  63 STREET ADDRESS  TTY-ST-ZIP  AME  63 STREET ADDRESS  TTY-ST-ZIP  AME  64 CITY-ST-ZIP  AME  65 NAME  66 STREET ADDRESS  ACTITY-ST-ZIP  ANDRESS  ACTITY-ST-ZIP  A LITY-ST-ZIP  A LITY-ST-Z	1				i i		C Shange C Addition	
Addition  TITLE  DELETE  5.1 TITLE  S.2 NAME  5.2 NAME  5.3 STREET ADDRESS  STRY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  AMME  6.2 NAME  6.3 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  6.4 CITY-ST-ZIP  ALL bereby certify that the information supplied with this thing does not qualify for the expension stated in Section 119 D7(3)(i). Florida Statutes   further certify that the information	ACITY-ST-ZIP  TILE  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  STITY-ST-ZIP  TILE  DELETE  5.4 CITY-ST-ZIP  TILE  DELETE  6.1 TITLE  Change Addition Addition Change Addition Change Addition Addition AMME  6.2 NAME  6.3 STREET ADDRESS  ACITY-ST-ZIP  4. I bereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ground report or supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ground report or supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ground report or supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ground report or supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ground report is true and accurate and that my signature shall have the exemption of the same local effect as if made under certify that the information indicated on this ground report is true and accurate and that my signature shall have the exemption of the same local effect as if made under certify that the information indicated on this ground report is true and accurate and that my signature shall have the exemption of the same local effect as if made under certify that the information indicated on this ground report is true and accurate and that my signature shall have the exemption of the same local effect as if made under certification in the same local effect as if made under certification in the same local effect as if made under certification in the same local effect as if made under certification in the s	AME  AME  DELETE  5.1 TITLE  Change  Addition  FREET ADDRESS  TY-ST-ZIP  TILE  DELETE  5.4 CITY-ST-ZIP  TILE  DELETE  6.1 TITLE  Change  Addition  Addition  Change  Addition  Addition  AME  6.2 NAME  6.3 STREET ADDRESS  TY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 NAME  6.5 NAME  6.5 NAME  6.5 NAME  6.5 NAME  6.5 NAME  6.6 NAME  6.6 NAME  6.6 NAME  6.6 STREET ADDRESS  6.6 CITY-ST-ZIP  6.1 TITLE  Change  Addition  Addition  Addition  FREET ADDRESS  FR				I.				
INTLE    DELETE   5.1 TITLE   Change   Additional Control Cont	ITLE    DELETE   5.1 TITLE   Change   Addition   Additi	TREET ADDRESS  TY-ST-ZIP  TY-ST-ZIP  TY-ST-Z	1				}			
S.2 NAME  5.2 NAME  5.3 STREET ADDRESS  STRY-ST-ZIP  TITLE  DELETE  6.1 HTLE  6.2 NAME  6.3 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  6.5 STREET ADDRESS  6.6 STREET ADDRESS  6.6 STREET ADDRESS  6.6 STREET ADDRESS  6.7 STREET ADDRESS  6.6 STREET ADDRESS  6.7 STREET ADDRESS  6.7 STREET ADDRESS  6.8 STREET ADDRESS  6.9 STREET ADDRESS  6.9 STREET ADDRESS  6.1 STREET ADDRESS  6.2 STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  6.5 STREET ADDRESS  6.5 STREET ADDRESS  6.6 STREET ADDRESS  6.7 STREET ADDRESS  6.7 STREET ADDRESS  6.7 STREET ADDRESS  6.8 STREET ADDRESS  6.9 STREET ADDR	### 52 NAME  ### 53 STREET ADDRESS  ### 53 STREET ADDRESS  ### 54 CITY - ST - ZIP  ### 54 CITY - ST - ZIP  ### 62 NAME  ### 62 NAME  ### 62 NAME  ### 63 STREET ADDRESS  ### 63 STREET ADDRESS  ### 63 STREET ADDRESS  ### 64 CITY - ST - ZIP  ### 65 NAME  ### 65	TREET ADDRESS  ITY-ST-ZIP  4. I 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 ground report of 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 ground report or 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 ground report or 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 ground report is true and accurate and that my signature shall have the game legal effect as if medicularly continued.			DELETE				Change Additiv	
STREET ADDRESS  S.3 STREET ADDRESS  S.4 CITY-ST-ZIP  TILE  DELETE  61 TITLE  62 NAME  63 STREET ADDRESS  STREET ADDRESS  64 CITY-ST-ZIP  A. L bereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes   further certify that the information	TREET ADDRESS    S.3 STREET ADDRESS	TREET ADDRESS  TRY-ST-ZIP  TILE  DELETE  61 TITLE  62 NAME  63 STREET ADDRESS  TRY-ST-ZIP  63 STREET ADDRESS  64 CITY-ST-ZIP  64 LITY-ST-ZIP  65 THEET ADDRESS  64 CITY-ST-ZIP  65 THEET ADDRESS  65 STREET ADDRESS  66 STREET ADDRESS  67 STREET ADDRESS  68 CITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  65 LITY-ST-ZIP  66 LITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  67 LITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  67 LITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP  61 HOUSE STREET ADDRESS  64 CITY-ST-ZIP  67 LITY-ST-ZIP  67 LITY-ST-ZIP  67 LITY-ST-ZIP  68 LITY-ST-ZIP  69 LITY-ST-ZIP  69 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP  60 LITY-ST-ZIP					1		0 190000	
SACITY-ST-ZIP    SACITY-ST-ZIP	SACITY-ST-ZIP  5.4 CITY-ST-ZIP  6.1 THILE  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  1TY-ST-ZIP  6.1 Higher of the exemple of th	TIVE STATE SACTIVES SACTIVE SACTIVE SACTIVES SACTIVE SACTIVES SACTIVE SACTIVES SACTIVES SACTIVES SACTIVE SACTIVES SACTIVE SACTIVE SACTIVES SACTIVES SACTIVES SACTIVE SACTIVE SACTIVE SACTIVES SACTIVE SACTIV								
TILE DELETE 61 TITLE Change Addition  FAME  62 NAME  63 STREET ADDRESS  FATY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  65 Section 119 O7/3/VI). Florida Statutes I further certify that the information	ITLE  DELETE 61 TITLE 62 NAME 62 NAME 63 STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP 4. In preply certify that the information supplied with this filing does not qualify for the exemple and that my signature shall have the same legal effect as if made under certify that the information indicated on this property of supplemental sorred is true and accurate and that my signature shall have the same legal effect as if made under certify that the information	THE DELETE 61 TITLE Change Addition  AME  TREET ADDRESS  TRY-ST-ZIP  4. Intereby certify that the information supplied with this filing does not qualify for the exemple and the lower stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this popular proof or supplied with this filing does not qualify for the exemple and the lower stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this popular proof or supplied with this filing does not qualify for the exemple and the lower stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this popular po	1			5.4 CI	TY-ST-ZIP			
63 STREET ADDRESS  ATY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  A Laboraby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes I further certify that the information	TREET ADDRESS  63 STREET ADDRESS  64 CITY- ST-ZIP  6.4 CITY- ST-ZIP  6.4 CITY- ST-ZIP  6.5 CITY- ST-ZIP  6.5 CITY- ST-ZIP  6.6 CITY- ST-ZIP  6.6 CITY- ST-ZIP  6.7 CITY- ST-ZIP  6.7 CITY- ST-ZIP  6.8 CITY- ST-ZIP  6.9 CITY- ST-ZI	TREET ADDRESS  63 STREET ADDRESS  64 CITY- ST-ZIP  6. I 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 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 enough report or supplied and accurate and that my signature shall have the earne legal effect as if made under cetter that I am any			☐ DELETE				Change Addition	
STY-ST-ZIP  64 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.6 CITY-ST-ZIP  6.7 CITY-ST-	4TY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 CITY-ST-ZIP  6.6 CITY-ST-ZIP  6.7 CITY-ST-ZIP  6.7 CITY-ST-ZIP  6.7 CITY-ST-ZIP  6.7 CITY-ST-ZIP  6.8 CITY-ST-ZIP  6.9 CITY-ST	4. I 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 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	<b>LAME</b>			6.2 N	AME			
14   bereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119 07/3/0). Florida Statutes   further certify that the information	4. I 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 approach as property is true and accurate and that my signature shall have the same legal effect as if made under cette, that I am an	4. 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 approach as providing the same legal effect as if made under cette that I am an	STREET ADDRESS			6.3 S1	REET ADDRESS			
14. 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 indicated as this appropriate report of 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 is discounted as the exemption of the second section 119.07(3)(i), Florida Statutes. I further certify that the information is discounted as the exemption of the second section 119.07(3)(ii), Florida Statutes. I further certify that the information is discounted as the exemption of the second section 119.07(3)(ii), Florida Statutes. I further certify that the information is discounted as the exemption of the second section 119.07(3)(ii), Florida Statutes. I further certify that the information is discounted as the exemption of the second section 119.07(3)(ii), Florida Statutes. I further certify that the information is discounted as the second section 119.07(3)(ii), Florida Statutes. I further certify that the information is discounted as the second section 119.07(3)(iii) and its discounted as the second section 1	Indicated on this annual report or supplemental arrupal congress and accurate and that my signature shall have the same legal affect as if made under each that I am an	Indicated on this appual report or supplemental appual report is true and accurate and that my signature shall have the same legal affect as if made under each that I am on	CITY-ST-ZIP			6.4 CI	TY-ST-ZIP			
	officer or director 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 12 or Block 13 if changed, or on an attachment with an address.	officer or director 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 12 or Block 13 if changed, or on an attachment with an address.	14. I hereby c	ertify that the information supplied	with this filing does not qualify f	or the exe	emption stated i	in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the informatio	
		SIGNATURE: As a la l	Block 12 o	or Block 13 if changed, or on an att	achment with an address.	01	1	MARY M.CALLAWAY	r	