FILED Apr 17, 2003 8:00 am \$ Secretary of State

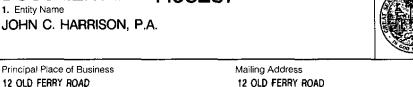
04-17-2003 90602 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

H93287

SIGNATURE



P.O. BOX 876 SHALIMAR FL 32579	P.O. BOX 876 SHALIMAR FL 32579		
2. Principal Place of Business	3. Mailing Address	.,,	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		



CHECK HERE IF MAKING CHANGES

DATE

59-2610104

Zip	Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. N	ame and Address of Cui	rrent Registered Agent	- انت حوضیت ج		7. Name and Address of New Ro	gistere	d Agent
				Name			
HARRISON, JOHN C.				Street Address (P.Q. Box Number is Not Acceptable)			
12 OLD FERRY ROAD							
SHALIMAR FL 32	579						
				Dity		F	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

SIGNATO	Signature, typed or printed name of registered agent and title if ap	olicable
=	FILE NOW!!! FEE IS \$150.00	
: 9	After May 1, 2003 Fee will be \$550.00	
Maka C	hack Davable to Florida Department of State	1

9. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

Not Applicable

10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DP HARRISON, JOHN C. 28 CARL BRANDT DR SHALIMAR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	Change Addition

12. 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 report of supplemental report learning and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an att

SIGNATURE: