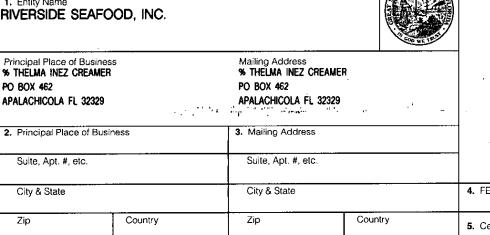
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J01197 DOCUMENT

1. Entity Name



6. Name and Address of Current Registered Agent

FILED Jan 07, 2003 8:00 am Secretary of State

01-07-2003 90018 036 ***150.00

	30) 6) 0)		
	MAKIN	NG CHA	NGES
FEI Number 50-2648000			Applied For
FEI Number 59-2648990			Applied For Not Applicable
FEI Number 59-2648990 Certificate of Status Desired			
<u> </u>	☐ gistere	Fee F	Not Applicable 75 Additional Required

DATE

Trust Fund Contribution.

3.	The above named entity submits this statement for the	purpose of changing its registere	ed office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	7			

Name

City

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

CREAMER, THELMA INEZ

ELLIS VANVLEET STREET APALACHICOLA FL 32329

SIĞNATURE

9. Election Campaign Financing

7.

Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		11
STREET ADDRESS	D Delete CREAMER, CHARLES W. ELLIS VAN VLEET STREET APALACHICOLA FL 32329	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
NAME STREET ADDRESS	DS Delete CREAMER, THELMA INEZ ELLIS VAN VLEET STREET APALACHICOLA FL 32329	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 or supplemental report is true 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 receiver or trustee empowered 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 attachment with an address, with all other like empowered.

SIGNATURE: كالم

MGMATURE BEQUIRED ING THE CLEAMOR 1-6-03 850-653-8019