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FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

May 15 1997 8:00am  
Secretary of State

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|---|--|--|----------------|
| 3. Date Incorporated or Qualified<br><b>06/30/1986</b>  |  | 3a. Date of Last Report<br><b>02/14/1996</b> |                |
| 4. FEI Number<br><b>59-2767303</b>  |  | <input type="checkbox"/>                     | Applied For    |
|   |  | <input type="checkbox"/>                     | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required        |                |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees           |                |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |                |

**9. Name and Address of Current Registered Agent**

**ELLSWORTH, W. WM., JR.**  
**208 W ALAMO DRIVE**  
**SUITE 101**  
**LAKELAND FL 33813-1503**

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

11. 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 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 607.0505, Florida Statutes.

**SIGNATURE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_

|    |                        |    |   |
|----|------------------------|----|---|
| 12 | OFFICERS AND DIRECTORS | 13 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----|------------------------|----|---|

| TITLE                                     |  | <input type="checkbox"/> DELETE | 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|---|--|---------------------------------|---|--|--|
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>ELLSWORTH, W. WM., JR.<br>208 W ALAMO DRIVE<br>LAKELAND FL |                                 | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP |  |  |
| TITLE                                     |  | <input type="checkbox"/> DELETE | 2.1 TITLE   | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |                                 | 2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | Harper, Robert F. III<br>208 W. Alamo Drive<br>Lakeland, Fl. | 33813-1503   |
| TITLE                                     |  | <input type="checkbox"/> DELETE | 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |                                 | 3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |  |  |
| TITLE                                     |  | <input type="checkbox"/> DELETE | 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |                                 | 4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |  |  |
| TITLE                                     |  | <input type="checkbox"/> DELETE | 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |                                 | 5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |  |  |
| TITLE                                     |  | <input type="checkbox"/> DELETE | 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |                                 | 6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP |  |  |

14. I do 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 annual report or supplemental annual 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 12 or Block 16, if changed, or on an attachment with an address.

SIGNATURE: *M. L. Luzzo* 4/16/07 (041)647 5554