DOCUMENT # J71490 (3) BMM PROPERTIES, INC.  Through Place of R servings  Marring Address  1222 US NMY 301 DOC CITY R 3025  1222 US NMY 301 DOC CITY R 3025  2 Principal Place of Business  2 A. Mailing Address  2 A. Mailing Address  2 County  3 County  4 Serving Place of Business  2 A. Mailing Address  5 Serving Servin	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPART Saridra B Secretary DIVISION OF CO	Mortham of State			
Principal Place of Business    Major Address	DOCUMENT # <b>J7</b> 1. Corporation Name	1490	(3)				
1222 US HWY 301 DOC CITY FL 3302S  2. Princepal Place of Business 2. Princepal Place of Business 3. Callo Ann F etc. 3. Callo	•						
1222 US HWY 301 DOC CITY FL 3302S  2. Princepal Place of Business 2. Princepal Place of Business 3. Callo Ann F etc. 3. Callo							
DADE CITY FL 33525 US  Supplementary Control of Supplementary Control o					i sadinə dili (êdê) bişti dibib (öli	r dear dieni endil erdie ele:	II OIDII DIDII IEDI
2. Principal Place of Business   2. Maining Additions   4. EPI Busines   59.2806820   April 2015   April 20	DADE CITY FL 33525	DADE			Date incorporated or Qualified	3a. Date of Last	Berort
20	2. Princinal Place of Business	20 Mass	5.0 A Julius		05/07/1987	<b>I</b>	95
Surface Apt #, etc.    Surface   Sur	1	·	ng Address				
County 25.00 May 16 Addition   249	<del></del>	<b>.</b>	o, Apt. #, etc.				5 Additional
Added to Fees   Power   Powe	City & State	City	& State			\$5.0	
Section   Statutes   Section	Zip Country	· ···		Country		Ado	
BINGHAM, JAMES H. 12222 HWY 301 DADE CITY FL 33525  B4			Agent 30	<u> </u>	Florida Statutes 🗹 Yes	s 🔲 No	
12222 HWY 301  The Proposition of Sections 607 0507 (see 607 1509, Etanda Statutes, the above named corporation submits this statement for the purpose of changing its registered again, or both, in the State of Foreias. Submit change was authorized by the corporation's before of directors. Thereby accept the apparentment are registered again. I am an accept the objection 607 0505, Etanda Statutes.  SIGNATURE  Signature  12. OFFICEHS AND DIRECTORS  BINCHAM, JAMES H.  12. OFFICEHS AND DIRECTORS  BINCHAM, JAMES H.  12. OFFICEHS AND DIRECTORS  BINCHAM, JAMES H.  12. OFFICEHS AND DIRECTORS  DADE CITY FL  SIGNATURE  DADE CITY FL  SIGNATURE  DADE CITY FL  SIGNATURE  1 1 11016  DADE CITY FL  SIGNATURE  1 22 MWA  SIRRETADRESS  DADE CITY FL  DELETE  2 1 11016  DOCKEY, CAROL LEE  33 SIRRETADRESS  DADE CITY FL  DELETE  3 1 11016  DOCKEY, CAROL LEE  33 SIRRETADRESS  DADE CITY FL  DELETE  3 SIRRETADRESS  DADE CITY FL  DELETE  5 TILL  Change Addition  AND SIRRETADRESS  DADE CITY FL  DELETE  5 TILL  Change Addition  ADDITIONS STATUTED CONTROL TO THE ADDITIONS CONTROL TO THE ADDITIO				81 Name	To. Home and Address of New 1	negistored Agent	
DADE CITY FL 33525    84				82 Street Add	ress (P.O. Box Number is Not Accepta	p,e)	
THE Pursuant to the provisions of Sections 607 0502 and 607 1508. Fands Statutes the above named conjugation of cregistered agent, or both, in the State of Fonds, Surje change was authorized by the conjugation of Section 607 0506. Fonds Statutes armiter with, and accept the displayment as registered agent. I am  SIGNATURE  Signa				83			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Excide Statutes, the above hamed corporation submits this statement for the purpose of changing its registered office or registered agent, it obts, in the State of Provisional Substitutes.    Section Sections 607 0502   Florida Statutes				84 City		or 7	In Code
TILLE PD   DELETE   11 TILLE   DADE CITY FL   DELETE   21 TILLE   DELETE   33 TILLE   DELETE   34 DITY ST. 2P   DELETE   35 TILLE   DELETE   36 DITY ST. 2P   DELETE   37 DITLE   DELETE   DELET						<b>3</b> —1	
TITLE PD DELETE 1-1 TITLE				le above named corpo y the corporation's boa	ration submits this statement for the pu ro of directors. I hereby accept the app	<u>FL    </u>	
BINGHAM, JAMES H.  12 NAME  1222 HWY 301  DADE CITY FL  SD  LOCKEY, CAROL LEE  309 NORTH HAMPTON WAY  TAMPA FL  VPD  NAME  MADILL, EDWIN  1619 NORTH 14TH STREET  DADE CITY FL  DELETE  31 STREET ADDRESS  DADE CITY FL  32 STREET ADDRESS  DADE CITY FL  33 STREET ADDRESS  DADE CITY FL  34 CITY-ST-2P  TOTAL  ADDRESS  TAMPA FL  VPD  DADE CITY FL  34 CITY-ST-2P  ADDRESS  TAMPA FL  VPD  DELETE  31 STREET ADDRESS  DADE CITY FL  32 STREET ADDRESS  DADE CITY FL  34 CITY-ST-2P  THE  MADILL, EDWIN  1619 NORTH 14TH STREET  DADE CITY FL  DELETE  4 1 HILE  AS STREET ADDRESS  DADE CITY FL  Change Addition  AS STREET ADDRESS  DADE CITY FL  Addition  AS STREET ADDRESS  DADE CITY FL  Change Addition  AS STREET ADDRESS  STREET AD	familiar with, and accept the obligation SIGNATURE Signature typed or penten name of re	ns of, Section 607.0505.	ge vias adminized to Florida Statutes.	y the corporation's boa	ro of directors. Thereby accept the app	rpose of changing its contrnent as registere	registered office d agent. I am
DADE CITY FL	familiar with, and accept the obligation SIGNATURE  Signaline typed or pikiled rained of the 12. OFFI	ns of, Section 607.0505.	Florida Statutes.	g the corporation's pro-	dw.e.reissary	The language of changing its contract as registere  DATE  FICERS AND DIRECTOR	registered office d agent. I am
DELETE   2   THE     Change   Addition	familiar with, and accept the obligation SIGNATURE  Signaline typed or pickled rained of the TILL.  OFFI TILLE PD	ns of, Section 607,0605,	Florida Statutes.	artered April Square reque 113.	dw.e.reissary	The language of changing its contract as registere  DATE  FICERS AND DIRECTOR	registered office d agent. I am
STREET ADDRESS DITY- ST-ZIP TAMPA FL 24 CHY ST-ZIP TAMPA FL 24 CHY ST-ZIP TAMPA FL 3 1 TITLE 3 1 TITLE 3 2 NAME ADDILL, EDWIN 1619 NORTH 14TH STREET DADE CITY FL 34 CHY ST-ZIP THE AME STREET ADDRESS DITY- ST-ZIP THE ADDRESS DITY ST-ZIP TH	familiar with, and accept the obligation SIGNATURE Signature typed or poster research for the control of the co	ns of, Section 607,0605,	Florida Statutes.	1 1 THLE 12 NAME 13 STREET ADDRESS	dw.e.reissary	The language of changing its contract as registere  DATE  FICERS AND DIRECTOR	registered office diagent. I am  ORS IN 12  Addition
TAMPA FL  VPD	familiar with, and accept the obligation  SIGNATURE  Signature typed or protect name of the  12. OFFI  TITLE PD  BINGHAM, JAMES H.  STREET ADDRESS  CITY-SI-ZIP  DADE CITY FL  SD	ns of, Section 607.0566.	Torida Statutes  Nort S	1 1 THLE 12 NAME 13 STREET ADDRESS 14 CITY -ST-ZIP	dw.e.reissary	PL Irpose of changing its controvent as registered DATE.  DATE Change	registered office d agent. I am  ORS IN 12  Addition
MADILL, EDWIN 1619 NORTH 14TH STREET DADE CITY FL  13 STREET ADDRESS DITY-ST-ZIP  DADE CITY FL  14 LTITLE  15 STREET ADDRESS DITY-ST-ZIP  16 STREET ADDRESS DITY-ST-ZIP  17 ST-ZIP  18 STREET ADDRESS DITY-ST-ZIP  18 STREET ADDRESS DITY-ST-ZIP  19 STREET ADDRESS DITY-ST-ZIP  19 STREET ADDRESS DITY-ST-ZIP  10 DELETE  10 DELETE  11 STREET ADDRESS DITY-ST-ZIP  12 STREET ADDRESS DITY-ST-ZIP  13 STREET ADDRESS DITY-ST-ZIP  14 Light in promotion suppolied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(v), Florida Statutes. I further certify that the information suppolied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(v), Florida Statutes. I further certify that the information indicated on this appeal fraced on this appeal frac	familiar with, and accept the obligation  SIGNATURE  Signature byted or protect name of the obligation  12. OFFI  TILLE PD BINGHAM, JAMES H. STREET ADDRESS 12222 HWY 301  CITY-SI-ZIP DADE CITY FL  TILLE SD LOCKEY, CAROL LEE	ns of, Section 607,0505. அண்ணி ஆட்டியிர்கள் ஆடியவ் ICERS AND DIRECTORS	Torida Statutes  Nort S	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - 2 IP 2 1 TITLE 22 NAME	dw.e.reissary	PL Irpose of changing its controvent as registered DATE.  DATE Change	registered office d agent. I am  ORS IN 12  Addition
1619 NORTH 14TH STREET DADE CITY FL  33 STREET ADDRESS DITY-ST-ZIP  TITLE  AMME STREET ADDRESS DITY-ST-ZIP  A 1 TITLE  4 1 TITLE  4 1 TITLE  AMME STREET ADDRESS DITY-ST-ZIP  DELETE 5 TITLE 5 TITLE 5 STREET ADDRESS DITY-ST-ZIP  TOTALE 52 NAME 52 NAME 53 STREET ADDRESS DITY-ST-ZIP TITLE 6 TITLE	familiar with, and accept the obligation  SIGNATURE  Signature typed or protein name of re  12. OFFI  TILLE PD  BINGHAM, JAMES H.  SIREET ADDRESS 12222 HWY 301  DADE CITY FL  TILLE SD  LOCKEY, CAROL LEE  STREET ADDRESS 3909 NORTH HAMPT	ns of, Section 607,0505. அண்ணி ஆட்டியிர்கள் ஆடியவ் ICERS AND DIRECTORS	Torida Statutes  Nort S	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY -51-2IP 2 1 TITLE 22 NAME 23 STREET ADDRESS	dw.e.reissary	PL Irpose of changing its controvent as registered DATE.  DATE Change	registered office d agent. I am  ORS IN 12  Addition
DADE CITY FL  34 CITY-ST-ZIP  DELETE  4 1 TITLE  4 1 TITLE  4 2 NAME  4 2 NAME  4 3 STREET ADDRESS  CITY-ST-ZIP  DELETE  5 1 TITLE  5 STREET ADDRESS  CITY-ST-ZIP  DELETE  5 1 TITLE  5 STREET ADDRESS  CITY-ST-ZIP  DELETE  6 1 TITLE  Change Addition  6 2 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  6 1 TITLE  Change Addition  6 2 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  6 1 TITLE  Change Addition  6 2 NAME  6 3 STREET ADDRESS  CITY-ST-ZIP  10 DELETE  6 1 TITLE  Change Addition  6 2 NAME  6 3 STREET ADDRESS  CITY-ST-ZIP  10 bereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes I further certify that the information indicated on this age of procedure and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes I further certify that the information indicated on this age of procedure and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes I further certify that the information indicated on this age of procedure and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes I further certify that the information indicated on this age of procedure and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes I further certify that the information indicated on this age of procedure and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes I further certify that the information indicated on this age of procedure and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes I further certify that the information indicated on this age of procedure and does not qualify for the exemption of the procedure and does not qualify for the exemption of the procedure and does not qualify for the exemption of the procedure and does not qualify for the exemption of the procedure and does not qualify for the exemption of the procedure and does not quali	familiar with, and accept the obligation  SIGNATURE  Signature typed or protein name of re  12. OFFI  TILLE PD  BINGHAM, JAMES H.  12222 HWY 301  DADE CITY FL  TILLE SD  LOCKEY, CAROL LEE  STREET ADDRESS  DITY-ST-ZIP TAMPA FL  VPD	ns of, Section 607,0505. அண்ணி ஆட்டியிர்கள் ஆடியவ் ICERS AND DIRECTORS	Tronida Statutes  NOTE S  DELETE	13. 1 1 THLE 12 NAME 13 STREET ADDRESS 14 CITY-S1-7/P 2 1 THLE 22 NAME 23 STREET ADDRESS 24 CITY S1-7/P 3 1 THLE	dw.e.reissary	TL prose of changing its continuent as registered CATL Change	registered office d agent. I am  ORS IN 12  Addition  Addition
AMME  AMME  ANAME  ANAM	familiar with, and accept the obligation  SIGNATURE  Signature typed or protein name of re  12. OFFI  TILLE PD  BINGHAM, JAMES H.  SIREET ADDRESS 12222 HWY 301  DADE CITY FL  TILLE SD  LOCKEY, CAROL LEE  STREET ADDRESS CITY-ST-ZIP TAMPA FL  VPD  MADILL, EDWIN	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Tronida Statutes  NOTE S  DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME	dw.e.reissary	TL prose of changing its continuent as registered CATL Change	registered office d agent. I am  ORS IN 12  Addition  Addition
A 3 STREET ADDRESS CHY-ST-ZIP  DELETE  \$4.0 PY ST-ZIP  DELETE  \$5.1 TILE  Change Addition  \$52 NAME  \$52 NAME  \$54.0 PY-ST-ZIP  DELETE  \$6.1 TILE  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Addition  \$62 NAME  \$62 NAME  \$63 STREET ADDRESS  \$64.0 PY-ST-ZIP  44. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this aggregation and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this aggregation and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this aggregation and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further	familiar with, and accept the obligation  SIGNATURE  12. OFFI  TITLE  NAME  STREET ADDRESS  TOTY-ST-ZIP  TITLE  SD  LOCKEY, CAROL LEE  STREET ADDRESS  STREET ADDRESS  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Torida Statutes  NOTE N  DELETE  DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST- ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST- ZIP 3 3 STREET ADDRESS 3 4 CITY - ST- ZIP	dw.e.reissary	TL prose of changing its continuent as registered CATL Change	registered office d agent. I am  ORS IN 12  Addition  Addition
DELETE 5 TITLE Change Addition  STREET ADDRESS  STREET ADDRESS	familiar with, and accept the obligation  SIGNATURE  12. OFFI  TITLE  NAME  STREET ADDRESS  DITY-ST-ZIP  TITLE  SD  LOCKEY, CAROL LEE  3909 NORTH HAMPT  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Torida Statutes  NOTE N  DELETE  DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-2IP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST-2IP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-2IP 4 1 TITLE	dw.e.reissary	Triose of changing its confirment as registered.  DATE  DATE  Change  Change	registered office d agent. I am  ORS IN 12  Addition  Addition
STREET ADDRESS STREET ADDRESS STREET ADDRESS STY-ST-ZIP S-CITY-ST-ZIP STREET ADDRESS STREET ADDR	familiar with, and accept the obligation  SIGNATURE  Signature typed or patien rained of te  12. OFFI  TITLE  NAME  BINGHAM, JAMES H.  12222 HWY 301  DADE CITY FL  DITLE  SD  LOCKEY, CAROL LEE  STREET ADDRESS  DITY-ST-ZIP  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  WAME  NAME  NAME  NAME  NAME  DADE CITY FL  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Torida Statutes  NOTE N  DELETE  DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME	dw.e.reissary	Triose of changing its confirment as registered.  DATE  DATE  Change  Change	registered office d agent. I am  ORS IN 12  Addition  Addition
STREET ADDRESS  DITY-ST-ZIP  DELETE  6 1 TITLE  Change Add-Sign  A	familiar with, and accept the obligation  SIGNATURE  Sgrature typed or patien rained of te  12. OFFI  TITLE  NAME  BINGHAM, JAMES H.  12222 HWY 301  DADE CITY FL  DITLE  SD  LOCKEY, CAROL LEE  STREET ADDRESS  DITY-ST-ZIP  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  TITLE  NAME  STREET ADDRESS  DITY-ST-ZIP  DADE CITY FL	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Torida Statutes  NOTE PA  DELETE  DELETE  DELETE	13. 1 1 THE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 THE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 THE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	dw.e.reissary	Triose of changing its contrment as registered in the control of t	registered office d agent. I am  ORS IN 12  Addition  Addition
DELETE 6 1 TITLE Change Add-tion  AMME  AMME  STREET ADDRESS  STRY-ST-ZIP  4. I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(x). Florida Statutes. I further certify that the information indicated on this aggregations of the aggregation of the aggregations of the aggregations of the aggregations of the aggregation of the aggregations of the aggregation of the aggregation of the aggregations of the aggregation of	familiar with, and accept the obligation  SIGNATURE  Signature typed or patient value of the obligation  12. OFFI  TITLE PD BINGHAM, JAMES H. 12222 HWY 301  DADE CITY FL  DITLE SD LOCKEY, CAROL LEE STREET ADDRESS ON ORTH HAMPT TAMPA FL  TAMPA FL  WAME WAME MADILL, EDWIN 1619 NORTH 14TH S DADE CITY FL  TAMPA FL  WAME STREET ADDRESS ON OADE CITY FL  TAMPA FL  WAME STREET ADDRESS ON OADE CITY FL  TAMPA FL  WAME STREET ADDRESS ON OADE CITY FL  THE STREET ADDRESS ON OADE CITY FL	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Torida Statutes  NOTE PA  DELETE  DELETE  DELETE	13.  1 1 THE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  2 1 THE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  3 TITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  4 TITLE  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  5 TITLE	dw.e.reissary	Triose of changing its contrment as registered in the control of t	registered office d agent. I am  ORS IN 12  Addition  Addition
IAME INFREE ADDRESS INTY-ST-ZIP  4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). Florida Statutes. I further certify that the information indicated on this agencyl record or gundless and does not qualify for the exemption stated in Section 119.07(3)(x). Florida Statutes. I further	familiar with, and accept the obligation  SIGNATURE  Signature typed or protect nation of the  12. OFFI  12. OFFI  12. OFFI  13. OFFI  14. DD BINGHAM, JAMES H.  12222 HWY 301  DADE CITY FL  15. DLOCKEY, CAROL LEE  15. STREET ADDRESS  15. STREET ADDRESS  16. DAME  MADILL, EDWIN  16. 19. NORTH 14TH S.  DADE CITY FL  16. STREET ADDRESS  16. DADE CITY FL  16. STREET ADDRESS  16. STREET ADDRESS  16. STREET ADDRESS  16. STREET ADDRESS  17. ST. ZIP	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Torida Statutes  NOTE PA  DELETE  DELETE  DELETE	13. 1 1 THE 12 NAME 13 STREET ADDRESS 14 CITY ST-ZIP 2 1 THE 22 NAME 23 STREET ADDRESS 24 CITY ST-ZIP 3 1 THE 32 NAME 33 STREET ADDRESS 34 CITY ST-ZIP 4 1 THE 42 NAME 43 STREET ADDRESS 44 CITY ST-ZIP 5 1 THE 52 NAME	dw.e.reissary	Triose of changing its contrment as registered in the control of t	registered office d agent. I am  ORS IN 12  Addition  Addition
63 STREET ADDRESS  63 STREET ADDRESS  64 CITY - ST - ZIP  4. I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this agree thread or supplies and the approximation and the agree thread or supplies and the agree thread agree thread or supplies and the agree thread or supplies and thread or supplies and the agree thread or supplies and thread or supplies and thread or supplies and thread or supplies and thread	familiar with, and accept the obligation  SIGNATURE  Sgrating typed or posted name of re  12. OFFI  TILLE  NAME  SIRREF ADDRESS  DITY-SI-ZIP  DADE CITY FL  SD  LOCKEY, CAROL LEE  STREET ADDRESS  DITY-SI-ZIP  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  TAMPA STREET ADDRESS  DITY-SI-ZIP  TILLE  NAME  STREET ADDRESS  DITY-SI-ZIP  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Plovida Statutes  NOTE 14  NOTE 14  DELETE  DELETE  DELETE	13.  1 1 THE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  2 1 THE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  4 THEE  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  5 1 THE  52 NAME  53 STREET ADDRESS  54 CITY-ST-ZIP  5 1 THE  52 NAME	dw.e.reissary	Triose of changing its contrient as registered.  CAIL  CAIL  Change  Change  Change  Change	registered office d agent. I am  ORS IN 12  Addition  Addition  Addition
4. Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this garden record or supplied and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further	familiar with, and accept the obligation  SIGNATURE  Signature typed or protect nation of the  12. OFFI  TILLE  PD  BINGHAM, JAMES H.  12222 HWY 301  DADE CITY FL  DILLE  SPREET ADDRESS  CITY-ST-ZIP  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  TILLE  AAME  STREET ADDRESS  CITY-ST-ZIP  TILLE  THE	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Plovida Statutes  NOTE 14  NOTE 14  DELETE  DELETE  DELETE	13. 1 1 THE 12 NAME 13 STREET ADDRESS 14 CITY ST-ZIP 2 1 THE 22 NAME 23 STREET ADDRESS 24 CITY ST-ZIP 3 1 THE 32 NAME 33 STREET ADDRESS 34 CITY ST-ZIP 4 1 THE 42 NAME 43 STREET ADDRESS 44 CITY ST-ZIP 5 THE 52 NAME 53 STREET ADDRESS 64 CITY ST-ZIP 6 1 THE	dw.e.reissary	Triose of changing its contrient as registered.  CAIL  CAIL  Change  Change  Change  Change	registered office d agent. I am  ORS IN 12  Addition  Addition  Addition
certify that the information indicated on this annual report or supplemental annual report is true and accurate and accurate and that me simplemental that the information indicated on this annual report or supplemental annual report is true and accurate and that me simplemental that the true the same that affects of the same true that the same that the same true true true true true true true tru	familiar with, and accept the obligation  SIGNATURE  Signature typed or protect nation of the  12. OFFI  TILE  PD  BINGHAM, JAMES H.  12222 HWY 301  DADE CITY FL  DILE  SPREET ADDRESS  CITY-ST-ZIP  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  ITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  MAM	ns of, Section 607,0505.  Section 607,0505.  ICERS AND DIRECTORS	Plovida Statutes  NOTE 14  NOTE 14  DELETE  DELETE  DELETE	13. 1 1 THE 12 NAME 13 STREET ADDRESS 14 CITY ST-ZIP 2 1 THE 22 NAME 23 STREET ADDRESS 24 CITY ST-ZIP 3 1 THE 32 NAME 33 STREET ADDRESS 34 CITY ST-ZIP 4 1 THE 42 NAME 43 STREET ADDRESS 54 CITY ST-ZIP 5 1 THE 52 NAME 53 STREET ADDRESS 64 CITY ST-ZIP 6 1 THE 67 NAME	dw.e.reissary	Triose of changing its contrient as registered.  CAIL  CAIL  Change  Change  Change  Change	registered office d agent. I am  ORS IN 12  Addition  Addition  Addition
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 13 if chapter 607 at achiment with an address.	familiar with, and accept the obligation  SIGNATURE  Signature typed or protein name of re  12. OFFI  12. OFFI  12. OFFI  12. OFFI  12. OFFI  12. OFFI  13. OFFI  14. DD BINGHAM, JAMES H. 12222 HWY 301  DADE CITY FL  16. DAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  VPD  MADILL, EDWIN  16. STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	ns of, Section 607,0505.  Separated as the character and water and water and construction of a production of a	DELETE   D	13.  1 1 THE  12 NAME  13 STREET ADDRESS  14 CITY ST-ZIP  2 1 THE  22 NAME  23 STREET ADDRESS  24 CITY ST-ZIP  3 1 THE  32 NAME  33 STREET ADDRESS  34 CITY ST-ZIP  4 1 THE  42 NAME  53 STREET ADDRESS  54 CITY ST-ZIP  5 1 THE  52 NAME  53 STREET ADDRESS  54 CITY ST-ZIP  6 1 THE  67 NAME  63 STREET ADDRESS  64 CITY ST-ZIP	ADDITIONS/CHANGES TO OFF	Triose of changing its acontroent as registered  CATL  FICERS AND DIRECTO  Change  Change  Change  Change	registered office d agent. Fam  ORS IN 12 Addition  Addition  Addition  Addition
	familiar with, and accept the obligation  SIGNATURE  Signature typed or pertien name of re  12. OFFI  III.E  PD  BINGHAM, JAMES H.  12222 HWY 301  DADE CITY FL  SD  LOCKEY, CAROL LEE  3909 NORTH HAMPT  TAMPA FL  VPD  MADILL, EDWIN  1619 NORTH 14TH S  DADE CITY FL  III.E  AME  ITHEE ADDRESS  ITY-ST-ZIP  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  AME  ITHEET ADDRESS  ITY-ST-ZIP  ITHEET ADDRESS  ITHEET ADDR	supplied with this filling is	DELETE   D	13. 1 1 THE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 THE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 4 1 THE 42 NAME 53 STREET ADDRESS 44 CITY-ST-ZIP 5 1 THE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 THE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 6 1 THE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 6 1 THE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 6 1 THE 63 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 6 1 THE 63 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	Tripose of changing its accontinent as registered.  CATL  CATL  Change  Change  Change  Change  Change	registered office d agent. Fam  ORS IN 12  Addition  Addition  Addition  Addition  Addition