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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 cortify that the information	SIGNATUF:E 2. TLE AME TREET ADDRE SS TY-ST-ZIP TLE AME TREET ADDRE SS TY-ST-ZIP TLE AME TREET ADDRE SS TY-ST-ZIP TLE AME TREET ADDRE SS TTY-ST-ZIP TLE AME TREET ADDRE SS TTY-ST-ZIP TLE AME TREET ADDRE SS	m familiar with, and accept Signature, typed or printed ne ne o OF PST PAGE, JOHN C. 1001 S MYRTLE AVE	in the State of Florida. S of the obligations of, Sec fregistered agent and title if applit FICERS AND DIRECTO	uch change was aut tion 607.0505, Florid cable. (NOT E: R IRS DELETE	horized by the corporation far Statutes. tegistered Agent signature requines 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 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstalling)	AND DIRECTOI	ISTERED IST