

APPROVED
' AND
FILED

1. NAME OF PARTY OR PARTY
2. DATE OF BIRTH
3. DATE OF DEATH
4. PLACE OF BIRTH

(1)

100-100000-1 PH 11:29

FORESTRY OF STATE
TALLAHASSEE, FLORIDA

7740 66TH STREET NORTH
PINELLAS PARK FL 34665

2. Party (Print Name)		2a. Party Address		3. Date of Birth (MM/DD/YYYY)		3a. Date of Birth (MM/DD/YYYY)	
21. 6123 R. K. Blvd		2a. 6123 R. K. Blvd		4. ID Number		Applied Fee	
22. 34665		27. 34665		5. Identification (State/County)		Not Applicable	
23. Pinellas Park FL		28. Pinellas Park FL		6. Election Campaign (Yes/No)		\$8.75 Additional Fee Required	
24. 34665		29. 34665		7. Election Campaign (Yes/No)		\$5.00 May Be Added to Fees	
25. 34665		30. 34665		8. This certificate is valid for election purposes only.		Not Applicable	

10. Name and Address of New Registered Agent

81	Admission
82	Street Address (City, State, Zip, Apt. No.)
83	
84	FL 85

11. The fact that the proposed amendments are not being introduced in the House of Commons is not the only reason why the Government cannot support them. The Government has a number of other reasons for not supporting the amendments, and it is not possible to discuss them in detail at this time. However, it is clear that the Government has a number of other reasons for not supporting the amendments, and it is not possible to discuss them in detail at this time.

12.	13.
DPS STRUBBE, JAMES M. 1024 CHERRY ST., N.E. ST. PETERSBURG FL	1. NAME 2. BIRTH DATE 3. SEX 4. RACE 5. HEIGHT 6. WEIGHT 7. EYES 8. HAIR 9. COMPLEXION 10. SCARS OR TATTOOS 11. ALIEN REGISTRATION NO. 12. SOCIAL SECURITY NO. 13. FINGERPRINTS 14. PHOTOGRAPH 15. SIGNATURE 16. ADDRESS 17. EMPLOYER 18. EDUCATION 19. MARITAL STATUS 20. CHILDREN 21. OTHER INFORMATION
T STRUBBE, JAMES M. 1024 CHERRY ST., N.E. ST. PETERSBURG FL	1. NAME 2. BIRTH DATE 3. SEX 4. RACE 5. HEIGHT 6. WEIGHT 7. EYES 8. HAIR 9. COMPLEXION 10. SCARS OR TATTOOS 11. ALIEN REGISTRATION NO. 12. SOCIAL SECURITY NO. 13. FINGERPRINTS 14. PHOTOGRAPH 15. SIGNATURE 16. ADDRESS 17. EMPLOYER 18. EDUCATION 19. MARITAL STATUS 20. CHILDREN 21. OTHER INFORMATION

DATE AND TYPE OF REPORT NAME OF DOWING OFFICE OR BUREAU

4-25-75