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23 LACKSON VILLE 22 LAKSON VILLE 23 LAKSON VILLE 17 Trust Entitle Contribution Added to Fee Added to	22					5. Certificate of Status Desiri	ed Sa.75 Additional Fee Required
24 32 0 8 25 29 29 32 0 8 25 29 30 Country 9. Name and Address of Current Registered Agent LEWIS, JAMES E			E FL	City & State	LE FL	•	
Second Processed Second Processed Report 10. Name and Address of New Registered Agent	Zιο	Co	untry	7p 32208	⊢ — ′	8. This corporation has liabil	ity for intangible tax under s. 199 032,
Street Address (PO Boy Number is Not Acceptable) B2 Street Address (PO Boy Number is Not Acceptable) B3 Street Address (PO Boy Number is Not Acceptable) B4 City		9. Name and A				10. Name and Address of No	
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 register of agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes SIGNATURE Separative type-discreted agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes SIGNATURE Separative type-discrete agent at 15th Tapple After the Provision of Section 607.0505, Florida Statutes SIGNATURE OF LICENS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 ITILE DELETE 1.1 ITILE	400	W TW KINDO DO	AD 8905 12200 32208	S CASTLE B	Street.	Address (P.O. Box Number is Not Acc	ceptable)
SIGNATURE Signature type-diag provide and described applications of translations of translations and translations of translat					84 City		85 Zip Code
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City-St-ZiP 64 City-St-ZiP 14. 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)(k). Florida Statutes 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 of the control of the c	SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	Signature typed or provided P LEWIS, JAMES 1906 1/2 KING	occept the obligations occept the obligations OFFICERS AND DII E S ROAD	d 607.1508. Florida Statufe orida Such change was as s of, Section 607.0505, Flor Intertagnicable (NO): RECTORS DELETE DELETE DELETE DELETE	Is the above named authorized by the corporate by the corporate Statutes 13. 1.1 THLF 1.2 NAME 1.3 STREET ADDRESS 1.4 City-S1-Zip 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-S1-Zip 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City-S1-Zip 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 City-S1-Zip 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 4.4 City-S1-Zip 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 City-S1-Zip 6.1 THLE 6.2 NAME	ADDITIONS/CHANGES TO LEWIS, JAMES 8905 CASTLE BE	the purpose of changing its registered accept the appointment as registered. DATE OFFICERS AND DIRECTORS IN 12 Change Addition