DOCUN	UNIFORM BUSI MENT # K52686 ANCH INC.				May 05, 2001 8:00 Secretary of State 04-10-2001 90087 040 ***150.00		
Principal Place of Business 060 RIVERVIEW BLVD. BRADENTON FL 34209		Mailing Address 5060 RIVERVIEW BLVD. BRADENTON FL 34209					
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-3000248 Applied For Not Applied For		
Zip	Country	Zip	Country	5.	Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Registered Agent		
GANEY, JAMES N. 4506 RIVERVIEW BLVD. W BRADENTON FL 34209			Street Ad	ddress (P.O. Box Number is Not Acceptable).			
storiety					Zip Code		
9. This corpo Tax filing re	Signature, typed or printed harte of registered agent praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal		0 50.00 of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11. Title Name Street address City-St-Zip	DVP GANEY, JOSEPH B JR 5060 RIVERVIEW BLVD W BRADENTON FL	DIRECTORS Delete	12. TITLE NAME . STREET ADDRESS CITY-ST-ZIP	<u>AI</u>	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ITTLE Name Street adoress City-St-Zip	DC GANEY, ELEANOR B. 5080 RIVERVIEW BLVD. BRADENTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition } §		
TITLE Name Street address. City-St-Zip	DP GANEY, JAMES N. 5060 RIVERVIEW BLVD W. BRADENTON FL	☐ Délete	TITLE NAMESTREET ADDRESS CITY-ST-ZIP	6989 13100	Achange Addition A Arbor Oaks Circle Wenton, FL		
TITLE Name Street Address City-St-Zip	DST GANEY, THOMAS H 5060 RIVERVIEW BLVD W BRADENTON FL	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE Name Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
of the cor changed	certify that the information supplied wit on this report or supplemental report roreation or the receiver or trustee empt, or on an attachment with an address.	poweredito execute this repor	t as required by Cha	ed in Section ave the same oter 607, Flo	on 119.07(3)(i), Florida Statutes. I further certify that the information re legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 11 or Block 12 if		