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STREET ADDRESS CITY-ST-ZIP G.3 STREET ADDRESS G.4 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 I 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 as made under oath, that I am on officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes a that my name appears in Block 12 or Block 15 if changed, or on an attachment with an address.	AGREATED ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	gistered agent, or both, in t n familiar with, and accept t Signature types or protection of the OFFIC D OYLER, THOMAS L. 951 N. LAKE SYBELI/	the State of Florida, Such of the obligations of Soction 6 revoced agent and the it applicate CERS AND DIRECTORS	DELETE DELETE DELETE DELETE	the above named corploring the above named corploring the corporal da Statutes. The graded Agent sensitive response of the sense of the sensitive response response	red when remaining.	ourpose of c of the appoi	Changing its registered Change Addition Change Addition Change Addition Change Addition Change Addition