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28 59-2949307 Iter April. # etc. Suite, April. #, etc. 27 State, Apr. #, etc. \$. Cartificate of Status Desired For Aprilication City & State City & State City & State \$. Cartificate of Status Desired \$. Cartificate of Status Desired For Aprilication Zip Country Zip Country Zip Country B. The corporation ows the current year Intengible 3. Name and Address of Current Registered Agent Interpret And Contribution Address of New Registered Agent Interpret Y Tax. Address of New Registered Agent SMITH, HAROLD K. 550 S. HiGHLAND STREET Interpret Address (P.O. Box Number is Not Acceptable) Interpret Agent MT DORA FL 32757 Interpret Address (P.O. Box Number is Not Acceptable) Interpret Agent Interpret Agent . Pursuant to the provisions of Sections 607.0502 and 507.1568. Florida Statutes, the above named corporation submits this statement for the purpose of Charging its registered agent, and carpit the oblation of Notes, Florida Statutes, the above named corporation submits the statement for the purpose of Charging its registered agent, and carpit the oblation of Notes, Florida Statutes, the above named corporation submits the statement for the purpose and corporatis the statement for the purpose and corp	Principal Place of Business	2a. Mailing Address			Ap	plied For
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SMITH, HAROLD K. \$10 Name S50 S. HIGHLAND STREET #2 Streat Address (P.O. Box Number is Not Acceptable) #4 City FL #5 Zip Code 1- Pursuant to the provisions of Sections 607.0502 and 607.1506. Finded Statutes, the above-named corporation submits this statement for the purpose of changing its registered of directors. I hereby accept the obligations of, Section 607.0505, Fonded Statutes. #6 City FL #5 Zip Code SMITH, HAROLD K. Section 607.0505, Fonded Statutes. #6 City FL #5 Zip Code SMITH, HAROLD K. Section 607.0505, Fonded Statutes. #6 #6 ADDITIONS/CHANGES TO OFFICERS AND DiffecTORS IN 12 SMITH, HAROLD K. Signate. 13 ADDITIONS/CHANGES TO OFFICERS AND DiffecTORS IN 12 Intract Change Addition E. DP DELETE 13 ADDITIONS/CHANGES TO OFFICERS AND DiffecTORS IN 12 Satter ADDRESS			30			
550 S. HIGHLAND STREET BI Street Address (P.O. Box Number is Not Acceptable) 81 B3 B4 City FL B5 Zip Code 1. 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 registered agent, or both, in the State of Pionta. Stuch change was autored by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Pionta. Stuch change was autored by the corporation submit of the appointement is registered agent, or both, in the State of Pionta. Stuch change was autored by the corporation submit of the appointement is registered agent, or both, in the State of Pionta. Stuch change was autored approximations to accept the appointement is registered agent, or both, in the State of Pionta. Stuch change was autored approximation studied their relation of the appointement is registered agent, or both, in the State of Pionta. Stuch change was autored approximation studied their relation of the purpose of changing its registered agent, or both, in the State of Pionta. Stuch change was autored approximation studied their relation of the appointement is registered agent, or both, in the State of Pionta. Stuch change agent, approximation approximate approximation approximation approximapproxima			81 Name			
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indicated on this annual report or supplemental annual report is the and accurate and that my signature shall have the same legal effect as it made under udus, that if the	Signature, typed or printed neme of registered agent COFFICERS ANE SMITH, HAROLD K. S550 S. HIGHLAND STREET MT DORA FL 32757 LE ME REET ADDRESS Y-ST-ZIP LE ME	D DIRECTORS	Registered Agent signature requin 13. 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 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		CERS AND DIRECTO	DRS IN 12 Addition
officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	2. OFFICERS AND LE DP ME SMITH, HAROLD K. S50 S. HIGHLAND STREET MT DORA FL 32757 ILE ME IREET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP	D DIRECTORS	Registered Agent signature requin 13. 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 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 12 Addition