FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # L00461

(8)

GULFSHORE PAINTING, INCORPORATED

FILED Mar 31 1998 8:00am Secretary of State



Suite, Apt #, etc. 23 27 28 27 30 50 50 50 50 50 50 50	Principal Plac	e of Business	Mailing Address			e enammen ber anter natier nicht nicht fieber dichte fielle fieber diffet fille if	
DONTA SPRINGS FL 3444 US 2. Principal Place of Business 2. Mailing Address S 2. Mailing Address S 2. Principal Place of Business 2. Solito Apl. 4, etc. 3. Solito Apl. 4, etc. 3. Deletion Companies Place application Companies Place application Companies Place application Companies Place application Solito			%EDWIN G HAWKINS				
2. Pinnopal Pace of Business 2. Mailing Address 2. Mailing Address 3. Fel Number Applied for St. 1705/1989 Applied for St. 1806 St. 1				***		DO NOT WRITE WATER OR OF	
2. Principal Place of Business 2a, Malling Address 4. Fell Number 5. Country 5. Country		NOS PL 34134	BONITA SPRINGS FL 33	923			
22. Maling Address 23. Maling Address 24. Maling Address 25. Malin	••						
Silve Apt #, etc. 20	2. Principal P	lace of Business	2a. Mailing Address				
Suite, Apl 4, etc. 27 State City & Cit	21		26			Applicate	
City & State Ci	Suite, Apt	#, etc.	Suite, Apt. #, etc.			¢0.75	
28 29 29 20 29 20 20 20 20	22		27			I b. Cerilicate of Status Desired I I	
28	City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be	
B. Name and Address of Current Registered Agent B. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Sections 607 6507 and 607 1508, Horida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent are body, and accept the chilipplication of, Section 607 5005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered reflicted or registered agent, or both, in the State of Florida Scatutes, the above named corporation submits this statement for the purpose of changing its registered reflicted or registered agent, and accept the chilipplication of, Section 607 5005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered reflicted or registered agent are the chilipplication of, Section 607 5005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered reflicted or registered agent are the chilipplication of, Section 607 5005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the circles in the statement for the purpose of changing its registered by the corporation submits this statement for the purpose of changing its registered by the circles in the statement for the purpose of changing its registered by the circles in the statement for the purpose of changing its registered by the circles in the statement for the purpose of c							
HAWKINS, EDWIN G AMKINS, EDWIN		—	Zip	Country		8. This corporation owes or has paid the current year Intangible	
HAWKINS, EDWIN G 3719 TOMUNSON ST BONTA SPRINGS FL 34134 11. Pursuant to the provisions of Sections 607 0500° and 807 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registere agent. Lar manifest mity, and accept the obligations of Section 07 0505, Florids Statutes, the above named corporations board of directors. I hereby accept the appointment as registered agent. Lar manifest mity, and accept the obligations of Section 07 0505, Florids Statutes, the above named corporations board of directors. I hereby accept the appointment as registered agent. Lar manifest mity, and accept the obligations of Section 07 0505, Florids Statutes, the provisions board of directors. I hereby accept the appointment as registered agent. Lar manifest mity, and accept the obligations of Section 07 0505, Florids Statutes, the provisions board of directors. I hereby accept the appointment as registered agent. Lar manifest mity, and accept the obligations of Section 07 0505, Florids Statutes, the provisions board of directors. I hereby accept the appointment as registered agent. Lar manifest mity and accept the obligations of Section 07 0505, Florids Statutes, the provisions board of directors. I hereby accept the appointment as registered agent. Lar manifest mity and accept the obligations of Section 07 0505, Florids Statutes, the provisions as registered agent. Lar manifest mity and accept the obligations of Section 07 0505, Florids Statutes, Turnba as registered agent. Lar manifest mity and accept the obligations of Section 07 0505, Florids Statutes, Turnba as registered agent. Lar manifest mity and accept the obligations of Section 11 10 07 0505, Florids Statutes, Turnbar certify that the information acceptance of Change and Changes and Changes and Changes and Changes and Changes are considered agent agents when resident mity acceptance agents when resident mity a	24			30			
TI. Pursuant to the provisions of Sections 607 0507 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered organic and members with, and accept the obligations of, Societo 1500 56th (cm. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered organic and members with, and accept the obligations of, Societo 1500 56th (cm. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered organic and members applied to the corporation's board of directors. I hereby accept the appointment as registered organic and their application. SIGNATURE 12. OF FICERS AND DIRECTORS 112 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 20. ADDITIONS/CHANGES			urrent Hegistered Agent	-	4T 51	10. Name and Address of New Registered Agent	
BONTA SPRINGS FL 34134 83				В	Name		
83				8	82 Street Address (P.O. Box Number is Not Acceptable)		
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 registered agent, and accept the objection 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objection 607.0506 florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objection 607.0506 florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS 15. TITLE 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	BO	NITA SPRINGS FL 34134		<u> </u>		Marie Control of the	
11. Pursuant to the provisions of Scotions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Scotions 607 5056, Florida Statutes, agent. I am familiar with, and accept the obligations of, Scotions 607 5056, Florida Statutes agent. I am familiar with, and accept the obligations of, Scotions 607 5056, Florida Statutes agent. I am familiar with, and accept the obligations of, Scotion 607 5056, Florida Statutes agent. I am familiar with, and accept the obligations of, Scotion 607 5056, Florida Statutes and the composition of the purpose of change agent. I am familiar with, and accept the obligations of the purpose of change agent. I am familiar with a purpose of change and the composition of the purpose of change agent. I am familiar with a purpose of change agent. I am familiar with a purpose of change agent. I am familiar with a purpose of change agent. I am familiar with a purpose of change agent. I am familiar with a purpose of change agent. I am familiar with a purpose of change agent. I am familiar with a purpose of change agent. I am familiar with a purpose of change agent. I am familiar with a purpose of change and the composition of the co				8	³		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algent, and familiar with, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the deligations of, Soction 607.0505, Florida Statutes or familiar with, and accept the deligations of, Soction 607.0505, Florida Statutes or familiar with, and accept the deligations of, Socion 607.0505, Florida Statutes or familiar with a familiar with, and accept the deligations of socion 607.0505, Florida Statutes or familiar with a familiar with				8	4 City	85 Zip Code	
SIGNATURE Product of the product of the collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of the collegations of Section 607 8066, Florida Statutes Foreign and section for collegations of the collegat	44 8				1	┣·L. │ ┆ `	
Suprature Princed or princed range of angiverent agrir and site it is applicable NOTE. Registered Against agranum required when re-installing) DATE	DIRCE OF I	egistereo agent, or both, in the	State of Florida. Such change was a	authorized t	ov the corpo	orporation submits this statement for the purpose of changing its registe oration's board of directors. I hereby accept the appointment as registers	
TITLE DELETE 17 TITLE		Signature, typed or printed name of registe	red agont and title if applicable (NOT	E: Registered A	gent signature re	equired when reinstating) DATE	
NAME SIREET ADDRESS 3719 TOMUNSON ST BONTA SPRINGS FL 1.3 STREET ADDRESS 3719 TOMUNSON ST BONTA SPRINGS FL 1.4 CITY-ST-ZIP NAME HAWKINS, CYNTHIA 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE DELETE 41 TITLE DELETE 51 TITLE DELETE S1 TITLE DELE		OFFICER		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 1.3 STREET ADDRESS CITY-ST-ZIP NAME HAWKINS, CYNTHIA STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRES	TITLE	•	☐ DELETÉ	1.1 TITLE		Change Add	
STREET ADDRESS CITY-ST-ZIP SONITA SPRINGS FL	NAME	Hawkins, Edwin G		1.2 NAME			
TITLE D DELETE 2.1 TITLE 2.2 NAME 3719 TOMLINSON ST 2.3 STREET ADDRESS 5.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 5.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 5.1 TITLE 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS 5.1 TITLE 3.5 STREET ADDRESS 5.1 STREE	STREET ADDRESS			1.3 STREE	T ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE 41 TITLE 42 NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE 41 TITLE 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE 44 CITY-ST-ZIP TITLE 55 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE 52 NAME 43 STREET ADDRESS CITY-ST-ZIP DELETE 53 STREET ADDRESS CITY-ST-ZIP DELETE 54 CITY-ST-ZIP TITLE NAME 55 NAME 57 NAME 58 STREET ADDRESS CITY-ST-ZIP TITLE 59 STREET ADDRESS CITY-ST-ZIP TITLE 50 STREET ADDRESS CITY-ST-ZIP TITLE 51 STREET ADDRESS CITY-ST-ZIP TITLE 51 STREET ADDRESS CITY-ST-ZIP TITLE 51	CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY	ST-ZIP		
STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 3.2 MAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 MAME 4.2 MAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 1.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP 1.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP 1.4 DELETE 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 DELETE 6.4 CITY-ST-ZIP 1.4 DELETE 6.4 CITY-ST-ZIP 1.4 DERETE ADDRESS CITY-ST-ZIP 1.5 DELETE 6.4 CITY-ST-ZIP 1.4 DERETE ADDRESS CITY-ST-ZIP 1.5 DELETE 6.4 CITY-ST-ZIP 1.5 DELETE 6.5 STREET ADDRESS CITY-ST-ZIP 6.5 STREET ADDRE	TITLE	•	☐ DELETE	2.1 TITLE		Change Add	
CITY-ST-ZIP ITILE DELETE 31 TITLE 32 NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE Addition Addition DELETE 4.1 TITLE Addition Change Addition Addit	NAME			2.2 NAME			
TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE AAME 4.1 TITLE AAME 5.2 NAME 4.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP AADRESS CITY-ST-ZIP DELETE 5.1 TITLE Change Addition Addition Addition Addition AAME 5.2 NAME 5.3 NAME 5.3 NAME 5.3 NAME 5.3 NAME 5.3 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE AAME 5.3 STREET ADDRESS CITY-ST-ZIP THE ADDRESS CITY-	STREET ADDRESS			2.3 STREE	T ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		BONITA SPRINGS FL		2.4 CITY	ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.4 CITY-ST-ZIP TITLE NAME 6.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.4 CITY-ST-ZIP TITLE DELETE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE D	TITLE		☐ DELETE	3 1 TITLE	ļ	☐ Change ☐ Addi	
CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME 5.3 STREET ADDRESS CITY-ST-ZIP THE DELETE 6.4 CITY-ST-ZIP 1.4 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information graph and address the and accurate and that may implicated on this annual report of supplemental annual report is true and accurate and that may implicated on this annual report of supplemental annual report is true and accurate and that may implicated on this annual report of supplemental annual report is true and accurate and that may implicated on this annual report of supplemental annual report is true and accurate and that may implicated on this annual report of supplemental annual report is true and accurate and that may implicated on this annual report of supplemental annual report is true and accurate and that may implicated on this annual report of supplemental annual report is true and accurate and that may implicated on this annual report and that may implicated on this annual report and that may implicated on this annual report of supplemental annual report is true and accurate and that may implicated on this annual report of supplemental annual report is true and accurate and that may implicate the proof of the supplemental annual report is true and accurate and that may implicate the proof of the proof of this annual report is true and accurate and that may implicate the proof of the p	NAME			3.2 NAME			
TITLE DELETE 4.1 TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE A4 CITY-ST-ZIP TITLE NAME 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition	STREET ADDRESS			3.3 STREE	T ADDRESS		
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.4 CITY- ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Change Addition Change Addition Addition STREET ADDRESS CITY- ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Change Addition Change Addition Addition Change				3.4. CITY	ST-ZIP		
STREET ADDRESS CITY-ST-ZIP 11TLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP 11TLE STREET ADDRESS CITY-ST-ZIP 11TLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 11TLE DELETE 5.4 DITY-ST-ZIP 11TLE DELETE 6.1 TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP 1. DELETE 6.3 STREET ADDRESS CITY-ST-ZIP 1. Increby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this approach of supplemental approach street and accurate and that my signature shall have the same level effect as if mode under such that I amount indicated on this approach of supplemental approach is true and accurate and that my signature shall have the same level effect as if mode under such that I amount indicated on this approach of supplemental approach to the lamber of the same level effect as if mode under such that I amount indicated on this approach of the same level effect as if mode under such that I amount indicated on this approach of the same level effect as if mode under such that I amount indicated on this approach of the same level effect as if mode under such that I amount indicated on this approach of the same level effect as if mode under such that I amount indicated on this approach of the same level effect as if mode under such that I amount indicated on this approach of the same level effect as if mode under such that I amount indicated on this approach is true and accurate and that my signature same level effect as if mode under such that I amount indicated on this approach is true and accurate and that my signature same level effect as if mode and the same le	l l		L DELETE	4.1 TETLE		☐ Change ☐ Addi	
CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition The control of the control of the exemption stated in Section 119.07(3)(i), Florida Statutes, further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that may separate and the law separate and the page legal effect as if made and a page and accurate and that may separate and the law separate and the page legal effect as if made and a page and accurate and the page legal effect as if made and a page and accurate and the page legal effect as if made and a page and accurate and the page legal effect as if made and a page and accurate and the page and accurate and the page legal effect as if made and a page and the page and accurate and the page and the				4. 2 NAM			
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY- ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition The control of	STREET ADDRESS			4.3 STREE	1 ADORESS		
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.4 CITY- ST-ZIP 5.4 CITY- ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY- ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.				4.4 CITY -	ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).			☐ OELETE	5.1 TITLE		☐ Change ☐ Addi	
CITY-ST-ZIP S.4 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes.	NAME			5.2 NAME			
ITILE NAME STREET ADDRESS City-St-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	STREET ADDRESS			5.3 STREE	T ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.		7' 78		5.4 CITY-	ST-ZIP		
STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if made under only that I am and accurate and that my signature shall have the same legal effect as if made under only that I am and accurate and that my signature shall have the same legal effect as if made under only that I am and accurate	TITLE		☐ DELETE	6.1 TITLE		Change Addi	
City-St-ZIP 6.4 City-St-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the earth stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the earth state and that my signature shall have the same local effect as if made under only that I am an application of the earth state and accurate and that my signature shall have the same local effect as if made under only that I am an application of the earth state and accurate and that my signature shall have the same local effect as if made under only that I am an application of the earth state and the earth state a	NAME			6.2 NAME			
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same local effect as if made under early that I am an	STREET ADDRESS			6.3 STREE	T ADDRESS		
INDICAGO DO IDIS ADDUAL FEDORI DE SUDDICIDIAL ADDUAL FEDORI IS THE AND ACCURATE AND THAT DAY COMPANY THE EARLY PROPERTY AND ACCURATE AND ACCURATE AND THAT I AM AN ACCURATE AND THAT I AM AND		·					
Block 12 or Block 13 if changed, or or an attachment with an address.	officer or o	on this annual report or supplen lirector of the corporation or the	nental annual report is true and acc : receiver or trustee empower ed t o €	uraia and th	ial mw eimne	ature chall have the came local attest as if made upder cath, that I am an	