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officer or director of the corporation or the receiven or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on application with an address, with all other like empowered.	SIGNATURE SIGNATURE 12. 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 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	F Signature, Syped of printed the WILSON, JOHN F. 14015 IVYGAIL DR. JACKSONVILLE FL SFEC-TRE CIHARLES 361 FOXR ORANGE	WS C. KNIGH DEFICERS AND DIRE	plicable: (NOTE: ORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	A STREET ADDRESS A STREET ADDRESS A CITY-ST-ZIP S.1 TITLE S.2 NAME A STREET ADDRESS A CITY-ST-ZIP S.1 TITLE S.2 NAME A STREET ADDRESS A CITY-ST-ZIP S.1 TITLE S.2 NAME A STREET ADDRESS A CITY-ST-ZIP S.1 TITLE S.2 NAME A STREET ADDRESS A CITY-ST-ZIP S.1 TITLE S.2 NAME S.3 STREET ADDRESS S.4 CITY-ST-ZIP S.1 TITLE S.2 NAME S.3 STREET ADDRESS S.4 CITY-ST-ZIP S.1 TITLE S.2 NAME S.3 STREET ADDRESS S.4 CITY-ST-ZIP S.1 TITLE S.2 NAME S.3 STREET ADDRESS S.4 CITY-ST-ZIP	poration submits this statement for the purion's board of directors. I hereby accept the ed when reinstating) ADDITIONS/CHANGES TO OFFIC	FL 3.2.2.42 pose of changing its registered pose of changing its registered DATE ERS AND DIRECTORS IN 12 Change Addition
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