Suite, Apr. #, etc  22  City & State  City & State  City & State  Country  Zep  Country  Zep  Suite, Apr. #, etc  Country  Zep  Country  Zep  Suite, Apr. #, etc  Country  Zep  Country  Zep  Suite, Apr. #, etc  Country  Zep  Suite, Apr. #, etc  Country  Zep  Country  Zep  Suite, Apr. #, etc  Country  Sep  Suite, Apr. #, etc  Sep  Country  Sep  Suite, Apr. #, etc  Sep  Country  Sep  Suite, Apr. #, etc  Sep  Country  Sep  Sep  Suite, Apr. #, etc  Sep  Sep  Sep  Sep  Sep  Sep  Sep  Se	EII E	NOW: FILING FFF	AFTER MAY 1 IS 5	3225.00		
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Principal Potent of Business	DOCUMENT # L29922 (6)					
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2. Principal Place of Business   2a. Making Address   58   4. FETNimber   59-2974020   Nov Applicability   59-2974020   Status   59-200   S	Principal Place of	Business  RT   Bix 96  mm 11354 NE 6576	Mailing Address  7. P. G. BOX 428 R7  WILLISTON FL 32696 P1	1 Box SG 3 SY NE 65Th		'illi Gift fifte fizik din sidir bier son.
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20	Original Plan	of Business	2a. Mailing Address		4. FEI Number	Applied For
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PARKINSON, RAY HWY-121-N: R7   Boy 96 WILLISTON FROAD _ 2   354   NE'LSTM S7. WILLISTON FROAD _ 2   354   NE'LSTM S7. WILLISTON ROAD _ 2   354   NE'LSTM S7. WILLISTON FROAD _ 2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   2   2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   2   2   354   NE'LSTM S7.  WILLISTON FROAD _ 2   2   2	Zip	<u>1</u> —¬ '	Zip	¬ .	Florida Statutes	No
PARKINSON, RAY	24	g. Name and Address of Curre	11		10. Name and Address of New F	Registered Agent
NN:-121 N:-   R7   Boy 96   Will STM   ST.   B3   Will STM   FL   B5   Zip Code	,			1 1		
TIL. Pursuant to the protections 607,01602 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purcess of Changing its registered office or objected agent, or both, in the State of Florida Such change was authorized by the corporation's board of directivs. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607,0509. Florida Statutes  SIGNATURE  Signa	PARKINS	ON, RAY	•	82 Street Add	ress (P.O. Box Number is Not Acceptal	ole)
TIL. Pursuant to the protections 607,01602 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purcess of Changing its registered office or objected agent, or both, in the State of Florida Such change was authorized by the corporation's board of directivs. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607,0509. Florida Statutes  SIGNATURE  Signa	HWY: 12	THE RT / BOX TO	ELSTH ST.	83		
11. Pursuant to the provisions of Sections 607.0502 and 607.1568. Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered againt, or both, in the State of Florida Subt. change was authorized by the corporation's board of directors. If hereby accept the appointment as registered againt. I am or application of Section Cor7.0505. Florida Statutes    Signature	WILLIGTO	<del>がいひんし</del>		84 City		85 Zip Code
Or registrers agent, or both, in white or both and of 2000s, Finds Statutes  SIGNATURE    Description   Descriptio				1 1 '		
Signature   Sign	11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508. Florida Statutes, trida. Such change was authorized l	the above named corpo by the corporation's boa	iration submits this statement for the pu ard of directors. Thereby accept the app	pointment as registered agent. I am
12.	familiar with	n, and accept the obligations of Se	otion 607,0505, Florida Statutes			
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14. If do hereby certify that the information supplied with this firing 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an 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 Block 12 or Block 13 if changed or on an attachment with an aridress.

SIGNATURE:

SIGNATURE:

SIGNATURE TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)