Entity Nam	MENT # L458	34				2002 8:0 ary of S 90165 024 ***1	tate
3 TRISMEN	te of Business TERRACE FL 32789	Mailing Address %LORAN A. JOHNSON 215 N. EQLA DRIVE ORLANDO FL 32801					
Principal P 2001 Suite, Apt.	Ace of Business NTERLACHEN SOUTH #, etc. NIT #300	Suite, Apt. #, etc.	200 INTERLACHEN SOUTH		DO NOT WRITE IN THIS SPACE		
City & State		City & State WINTER PA		. 4. 1	FEI Number 59-2992860) -	Applied For Not Applicable
Z78	Country	^{Zip} 32789	U.S.A	5. (Certificate of Status Desired	□ \$8.75 Fee Requ	Additional uired
	6. Name and Address of Curren		Name	7.1	Name and Address of New R	egistered Agent	
BRAMME	R-L-C	· _ · • ·		L.C.	GRAMMER	<u></u>	
	MEN TERRACE		Street	200 L	NTERLACHEN	SOUTH	
	PARK FL 32789			- E. b. s. s	r # 300		
VINTER F					200	·	
he above	named entity submits this statement f Signature, typed or printed name of registered agen pration is eligible to satisfy its Intangibl	and title if applicable. (NO	TE: Registered Agent signa	ture required when re	ent, or both, in the State of Flo	DATE	2789
he above NATURE _ This corpo Tax filing r	Signature, typed or printed name of registered agen pration is eligible to satisfy its Intangibl bquirement and elects to do so. ia on back)	and title if applicable. (NO FILE NOW After May 1, 20 Make Check Paya	s registered office of TE: Registered Agent signa (111 FEE IS \$150 002 Fee will be \$ ble to Departmer	ture required when re .00 550.00 ht of State	ent, or both, in the State of Flo sinstating) 10. Election Campaign Fin Trust Fund Contribution	DATE	5.00 May Be ded to Fees
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