

240642

Entity Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete D COLSON, RONALD P. 1212 TUNG HILL DRIVE TALLAHASSEE FL 32311-9545	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete D COLSON, KAREN D. 1212 TUNG HILL DRIVE TALLAHASSEE FL 32311-9545	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003221395--6 -04/24/00--01152--003 *****61.25 *****61.25
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS

1. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN D. CALSON 4/19/2000 850-828-9466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #