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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L90207**

NICHOLS AUTO SALES, INC.

| \$ 1-5-3                                                                                    |                                                                                |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business 13926 MARTIN LUTHER KING JR. BLVD. P.O. BOX 1506 DOVER FL 33527 | Mailing Address<br>13926 MARTIN LUTHER KING<br>P.O. BOX 1506<br>DOVER FL 33527 |
| 2 Principal Place of Business                                                               | 2a. Mailing Address                                                            |

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90044 026 \*\*\*150.00



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|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------|----------|------------------|---------------------------------------------------------------------------------------------------|---------------------------------|-------------------|
| Principal Place                                                       | e of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mailing Address                                                  |              |          |                  |                                                                                                   |                                 |                   |
| 13926 MARTIN LUTHER KING JR. BLVD. 13926 MARTIN LUTHER KING JR. BLVD. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |          |                  |                                                                                                   |                                 |                   |
| P.O. BOX 1506                                                         | TOOLO MATTINE CONTINUE THE CONT |                                                                  |              |          |                  |                                                                                                   |                                 |                   |
| DOVER FL 3352                                                         | 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DOVER FL 33527                                                   |              |          |                  | DO NOT WRITE IN TH                                                                                | IIS SPACE .                     | <u> </u>          |
| · ·                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |          |                  | 3. Date Incorporated or Qualifed                                                                  |                                 | ** * / *          |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |          |                  | 07/26/1990                                                                                        |                                 |                   |
| 2. Principal Pl                                                       | ace of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2a. Mailing Address                                              |              |          |                  | 4. FEI Number                                                                                     | - Ar                            | oplied For        |
| 2. 1 Jillio.pa, 1                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 26                                                               |              |          |                  | 59-3029580                                                                                        | No                              | ot Applicable     |
| Suite, Apt.                                                           | # etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Suite, Apt. #, etc.                                              |              |          |                  | · · ·                                                                                             | \$8.75                          | Additional        |
| Suite, Apt.                                                           | m, 610.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 27                                                               |              |          |                  | 5. Certificate of Status Desired                                                                  | Fee Ro                          | equired           |
| 22                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Citý & State                                                     |              |          |                  | 6. Election Campaign Financing                                                                    | \$5:00                          | May Ba            |
| City & State                                                          | ė .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del>}</del> .                                                   |              |          |                  | Trust Fund Contribution                                                                           | •                               | to Fees           |
| 23                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Zip                                                              | Соип         | ıtm.     |                  |                                                                                                   |                                 |                   |
| Zip                                                                   | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>                                                         | _            | ıu y     |                  | This corporation owes the current year     Personal Property Tax.                                 | Yes                             | □No               |
| 24                                                                    | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 140                                                              | 30           |          |                  | 10. Name and Address of New Registere                                                             |                                 |                   |
|                                                                       | 9. Name and Address of Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Registered Agent                                                 |              | 81 N     | Name             | 10. Haine and Address of New Negister                                                             | - Agoil                         |                   |
| MO                                                                    | IOLO LEMICT ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  | ]            | ין יי    | чапте            |                                                                                                   |                                 | l.                |
|                                                                       | IOLS, LEWIS T., JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | <u> </u>     | 82 5     | Street Addre     | ess (P.O. Box Number is Not Acceptable)                                                           |                                 |                   |
|                                                                       | TE ROAD 574                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |              |          |                  | ्राष्ट्रकृतिकाः इतित्वसूत्रीः कार्यक्रमा विक्रांब्रम                                              | Consideration and Consideration | 11 S. 1 5 WH 15 M |
| BOX                                                                   | 1506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |              | 83       |                  | · 自己 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基                                                     | dwy i n                         |                   |
| DOV                                                                   | ER FL 33527                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | L            |          |                  | · · · · · · · · · · · · · · · · · · ·                                                             |                                 | V/40 51840 1854   |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              | 84 (     | City             | ŗ                                                                                                 | 85 Zip                          | Code              |
| and many the section                                                  | 3 13 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 507 4500 Florido Statuto                                       | a tha ab     |          | amed corre       | oration submits this statement for the numose                                                     | of changing its                 | s registered      |
| 11 Pursuant                                                           | to the provisions of Sections 607.0502 edistand agent, or both, in the State (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and 607, 1506, Florida Statute<br>of Florida 'Such change was au | thorized     | by the   | corporatio       | n's board of directors. I hereby accept the ap                                                    | pointment as re                 | gistered          |
| agent. I a                                                            | m familiar with, and accept the obligati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ions of, Section 607.0505, Flori                                 | ida Statu    | tes.     | •                | oration submits this statement for the purpose<br>in's board of directors. I hereby accept the ap | i : 155                         | 1 2 3 3 3         |
| SIGNATURE                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |          |                  |                                                                                                   | · · · · ·                       |                   |
| SIGNATURE                                                             | Signature, typed or printed name of registered agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and title if applicable. (NOTE:                                  | Registered / | Agent si | gnature required | I when reinstating) DATE                                                                          |                                 |                   |
| 12.                                                                   | OFFICERS ANI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D DIRECTORS .                                                    | 13.          |          |                  | ADDITIONS/CHANGES TO OFFICERS                                                                     |                                 | ORS IN 12         |
| TITLE                                                                 | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DELETE                                                           | 1.1 गा       | LE       | -                |                                                                                                   | ☐ Change                        | ☐ Addition        |
| NAME                                                                  | NICHOLS, LEWIS T., JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  | 1.2 NA       | ME       |                  |                                                                                                   |                                 |                   |
| STREET ADDRESS                                                        | 2312 WASHINGTON ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | 1.3 STF      | REET AD  | DRESS            |                                                                                                   |                                 | ļ                 |
| ***************************************                               | VALRICO FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |              | Y-ST-Z   |                  | •                                                                                                 |                                 |                   |
| CITY-ST-ZIP                                                           | VALNICOTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DELETE                                                           | 2.1 717      |          | *                |                                                                                                   | ☐ Change                        | ☐ Addition        |
| TITLE                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Decein                                                         | 1            |          |                  |                                                                                                   |                                 |                   |
| NAME                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | 2.2 NA       |          | ·                | •                                                                                                 |                                 |                   |
| STREET ADDRESS                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | 2.3 ST       | REETAC   | DDRESS           | •                                                                                                 | •                               |                   |
| CITY-ST-ZIP                                                           | 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |              | TY-ST-Z  | ZIP              |                                                                                                   | <u>-</u>                        |                   |
| TITLE                                                                 | 200 C 2000 - 5 - 1 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DELETE"                                                          | 3.1 TIT      | LE.      |                  |                                                                                                   |                                 | Addition          |
| NAME: ( )                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                | 3.2 NA       | ME       |                  |                                                                                                   |                                 |                   |
|                                                                       | 在網份與第十十二十十                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  | 33ST         | REET AL  | ODRESS           | ১০১৮, প্রতিক শাসেকীর ও বাংলি এবাং কাই ক                                                           | Ser Selling de Res              | . 13: 1 1:: 30:   |
| STREET ADDRESS                                                        | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |              | TY-ST-2  |                  | - 17 15 建铁铁铁铁铁                                                                                    |                                 | 8.7.過程            |
| CITY-ST-ZIP~ -                                                        | PRODUCTION OF THE PRODUCT OF THE PRO | ☐ DELETE                                                         | 4.1 TIT      |          | <u></u>          | ्रा सर्वे हैं है । स्वर्ध की क्षेत्र स्वर्ध                                                       | ☐ Change                        | Addition          |
| TITLE                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |              |          |                  |                                                                                                   | _                               | _                 |
| NAME                                                                  | to the state of th | 1                                                                | 4.2 NA       |          |                  | -                                                                                                 |                                 |                   |
| STREET ADDRESS                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 1 1 m                                                          | 4.3 STI      | REETAL   | DORESS           |                                                                                                   |                                 |                   |
| CITY-ST-ZIP                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Contract to                                                      | 4.4 CIT      | Y-ST-Z   | ZIP              |                                                                                                   |                                 | 7                 |
| TITLE                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ DELETE                                                         | 5.1 TIT      | LE       |                  |                                                                                                   | ☐ Change                        | Addition          |
| NAME                                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | 5.2 NA       | ME       |                  | Control Maria                                                                                     |                                 |                   |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | 5.3 ST       | REETAL   | DDRESS           | •                                                                                                 |                                 |                   |
| STREET ADDRESS                                                        | 1 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |              | ry-st-z  | 1                |                                                                                                   |                                 |                   |
| CITY-ST-ZIP                                                           | 14 11 12 13 1 2 2 3 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☐ DELETE                                                         | 6.1 TIT      |          |                  |                                                                                                   | [ ] Change                      | Addition          |
| TITLE                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LT DELETE                                                        |              |          | ]                |                                                                                                   | c.i.go                          |                   |
| NAME                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | 6.2 NA       | ME       | 1                |                                                                                                   |                                 |                   |

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS