IILE DF INTLE IN THE INTLE INTEE INTRE ADDRESS INT. INTERET ADDRESS INT. INTERE ADDRES	COR ANNU	PROFIT PORATION IAL REPORT 1999		Katherin Secretary	TMENT OF STATE THE Harris (of State ORPORATIONS	FIL Apr 14, 19 Secretary 04-14-1999 9014	99 8:00 / of Stat	
Name and Address Mailing Address Stel: S15 1: AMREWILE FL 2601 CONF WRITE IN THIS SPACE S Do NOT WRITE IN THIS SPACE Frincipal Place of Business Za. Malling Address Za Mailing Address Statis Auf. etc. Statis Auf. etc. Statis Auf. etc. Statis Auf. etc. Statis Auf. etc. Statis Auf. etc. Za City & State City & State State Zap Country State State Anne and Address of Country Nome and Address of New Registered Agent HAIKIN, SAMUEL State Autress (PO. Box Number is Not Acceptable) GANESYLLE FL 2601 State Autress (PO. Box Number is Not Acceptable) State Autress (PO. Box Number is Not Acceptable) Nome and Address of New Registered Agent GANESYLLE FL 2601 State Autress (PO. Box Number is Not Acceptable) </th <th>Corporation</th> <th>name</th> <th></th> <th>ION</th> <th></th> <th></th> <th></th> <th></th>	Corporation	name		ION				
AMESVILLE F. 13201 DO NOT WRITE IN THIS SPACE S J. Data Incorporated or Couldingd C(0)(3)(1988) Applicable E. Principal Place of Business 2a. Malling Address 2b State Incorporated or Couldingd SUBLE, Apt. #, etc. State, Apt. #, etc. 2b State, Apt. #, etc. 2b County 2b Enconce County or County 2b State Address of New Registered Agent 1 Name and Address of New Registered Agent 4b Oty County 2b State Address (P.O. Box Number is Net Address of New Registered Agent 3c State Address (P.O. Box Number is Net Address of New Registered Agent 3c State	rincipal Place	of Business		Mailing Address				
Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 4. FE Humber 5. Certificate of Status Desired 5. C	INESVILLE FL		(GAINESVILLE FL 32601			N THIS SPACE	
Table Apt. #. doc. 20 59-29 [\$874 Instrumentation State. Apt. #. doc. 20 State. Apt. #. doc. 5. Contribute of Status Desired \$8. 75 Additional field in the status of the stat								
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. \$ Suite, Apt.	Principal Pl	ace of Business		¬ ·				
Zip Country Zip Country Zip Country B This corporation owes the current year intangible Presonal Property Tax Presonal Presona Property Tax <	Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			\$8.75 Ad	ditional
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. IN 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent IN HANKIN, SAMUEL 305 N.E. FIRST STREET GAINESVILLE FL 32601 81 Name 84 Name 82 Street Address of Current Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 Genvest 83 Genvest 81 Name 84 Oty FL 81 Zip Code 11. Pursuant to the provisions of Sections 607/0602 and 607.1508. Florids Statutes, the above-named corporation's board of directors. I hereby accept the deplating the agents and mains with, and acceptable of elegistered agent and agent and mains with, and acceptable of elegistered agent and agent and mains with, and acceptable of elegistered agent and agent and mains with and acceptable of elegistered agent and agent and mains with and acceptable of elegistered agent and acceptable of elegistered agent and agent an	City & State			-				
HANKIN, SAMUEL 305 NLE, FIRST STREET GAINESVILLE FL 32601 81 Name 10 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Study change wet authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familiar with, and accept the obligations of. Section 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familiar with, and accept the obligations of. Section 607.0500. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familiar with, and accept the obligations of. Section 607.0500. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familiar with, and accept the obligations of. Section 607.0500. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familiar with, and accept the obligations of. Section 607.0500. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familiar with the later and the florida statutes the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familiar with the statement of name and the florida statement of name and the florid statement on the statement on the florida statement o	Zip		ry	Zip	·	8. This corporation owes the current y	ear Intangible	
HANKIN, SAMUEL 305 N.E. FIRST STREET GAINESVILLE FL 32601		9. Name and Addre	ess of Current Reg	gistered Agent	81 Name	10. Name and Address of New Regi	stered Agent	
1. Pursuant to the provisions of Sections 607 (5602 and 607 1560, Florida Statulas, the above-harmed comporation submits this statement for the purpose of changing its registered agent, or both, in the Statute of Florida, Stuch change was authorized by the corporation's board of directore. I hereby accept the appointment as registered agent, and the insplate of Provide Statutes. (NOTE: Registered Agent system required area released agent and the insplate in applications of section 607 0505, Florida Statutes. SIGNATURE Sequences the obligations of registered agent and the insplate in applications of section 607 0505. Florida Statutes. NOTE: Registered Agent system of registered agent and the insplate in the section of the section 112 00 FFICERS AND DIRECTORS IN 12 The DP DP DELETE 1 THE CORES AND DIRECTORS IN 12 The HANKIN, SAMUEL 12 NAME Change Additio HERTADORESS GAINESVILLE FL Change Additio HERTADORESS DO FLICERS AND DIRECTORS IN 12 Additio HERTADORESS DO FLICE FL STREET SAME Change Additio HERTADORESS Change Additio HERTADORE	305	N.E. FIRST STREET				Iress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby adudp the appointment as registered agent, and accept the obligations of, Section 607, 5050, Florida Statutes.		ESVILLE FL SZOUT						
ILL DF Change Ch			ctions 607.0502 and	d 607.1508, Florida Statute	84 City	poration submits this statement for the purp	FL	enistered
REET ADDRESS 305 N.E. 1ST STREET 13 STREET ADDRESS ITY: ST: 2P GAUNESVILLE FL 14 CITY: ST: 2P TEE S IDELETE AME EDINGER, GARY S. 21 STREET ADDRESS 305 N.E. 1ST STREET 23 STREET ADDRESS GAINESVILLE FL 2.1 TTLE TY: ST: 2P GAINSEVILLE FL CAINSEVILLE FL 2.4 CITY: ST: 2P GAINSEVILLE FL 3.1 TTLE TREET ADDRESS 3.2 STREET ADDRESS TY: ST: 2P GAINSEVILLE FL Change Addition AME 3.2 INVE Street ADDRESS 3.3 STREET ADDRESS TY: ST: 2P Change TLE 3.2 INVE AME 3.2 INVE ITLE 3.3 STREET ADDRESS TY: ST: 2P Change AME 4.2 INVE ITLE ACITY: ST: 2P AME 5.3 STREET ADDRESS TY: ST: 2P ACITY: ST: 2P AME 5.3 STREET ADDRESS TY: ST: 2P STREET ADDRESS TY: ST: 2P STREET ADDRESS TY: ST: 2P S	1. Pursuant 1 office or re agent. I ar IGNATURE 2.	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam	n, in the State of Flo cept the obligations re of registered agent and t	orida. Such change was au of, Section 607.0505, Flor ittle if applicable. (NOTE: RECTORS	84 City as, the above-named corporation thorized by the corporation ida Statutes. Registered Agent signature require 13.	ed when reinstating)	Dose of changing its n e appointment as regionate DATE ERS AND DIRECTOR	egistered istered
TLE S DELETE 21 TITLE Change Addition AME EDINGER, GARY S. 22 NAME 23 STREET ADDRESS 305 N.E. IST STREET 305 N.E. IST STREET 305 N.E. ST STREET 305 N.E. ST STREET 305 N.E. ST STREET 305 N.E. ST STREET 31 TITLE 32 NAME 33 STREET ADDRESS 17 ST.2P 10 DELETE 31 TITLE 31 TITLE 32 NAME 33 STREET ADDRESS 17 ST.2P 10 DELETE 31 TITLE 31 TITLE 31 TITLE 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST.2P 10 DELETE 34 CITY-ST.2P 10 DELETE 34 CITY-ST.2P 10 DELETE 34 CITY-ST.2P 10 DELETE 35 TITLE 34 CITY-ST.2P 10 DELETE 34 DETES 34 CITY-ST.2P 34 DETES 34 DETES 34 CITY-ST.2P 34	1. Pursuant f office or re agent. I ar IGNATURE 2.	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam C DP	n, in the State of Flo cept the obligations re of registered agent and t	orida. Such change was au of, Section 607.0505, Flor ittle if applicable. (NOTE: RECTORS	84 City es, the above-named corporation corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	Dose of changing its n e appointment as regionate DATE ERS AND DIRECTOR	egistered istered
LLE S LL DELETE 21 NAME AWE EDINGER, GARY S. 23 STREET ADDRESS 305 N.E. IST STREET 2.4 CITY-ST-ZIP GAINSEVILLE FL 2.4 CITY-ST-ZIP ITLE DELETE 31 TITLE AWE 33 STREET ADDRESS TY-ST-ZIP 34 CITY-ST-ZIP AWE 1 DELETE AWE 2 NAME ITY-ST-ZIP 1 DELETE AWE 43 STREET ADDRESS ITY-ST-ZIP 1 DELETE STREET ADDRESS 1 STREET ADDRESS ITY-ST-ZIP 1 DELETE ITLE 1 DELETE STREET ADDRESS 1 STREET ADDRESS ITY-ST-ZIP 1 DELETE ITLE 1 DELETE AWE 1 STREET ADDRESS ITY-ST-ZP 1 DE	1. Pursuant f office or re agent. I ar IGNATURE 2. LE ME	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam C DP HANKIN, SAMUEL	n, in the State of Fic cept the obligations te of registered agent and the DFFICERS AND DI	orida. Such change was au of, Section 607.0505, Flor ittle if applicable. (NOTE: RECTORS	84 City ss, the above-named corporation thorized by the corporation ida Statutes. 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	Dose of changing its n e appointment as regionate DATE ERS AND DIRECTOR	egistered istered
ILE DELETE 3.1 TTLE Change Addition IREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition TVE DELETE 4.1 TTTLE Change Addition AME 4.2 NAME 4.3 STREET ADDRESS Addition TVE AME 4.3 STREET ADDRESS Addition TREET ADDRESS 4.3 STREET ADDRESS Addition TREET ADDRESS 4.3 STREET ADDRESS Addition TV-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TLE DELETE 5.1 TTTLE Change Addition AME S.2 NAME S.3 STREET ADDRESS Change Addition TLE DELETE S.1 TTLE Change Addition MAE S.3 STREET ADDRESS S.3 STREET ADDRESS S.3 STREET ADDRESS S.4 CITY-ST-ZIP TLE DELETE 6.1 TITLE Change Addition AME 6.2 NAME 6.3 STREET ADDRESS S.3 STREET ADDRESS S.3 STREET ADDRESS TY-ST-ZIP S.4 CITY-ST-ZIP Change Addition AME 6.3 STREET ADDRESS	1. Pursuant f office or re agent. I ar IGNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP	to the provisions of Sec gistered agent, or both m familiar with, and acc Signature, typed or printed nam DP HANKIN, SAMUEL 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations te of registered agent and the DFFICERS AND DI	orida. Such change was au of, Section 607.0505, Flor une if applicable. (NOTE: RECTORS	84 City sthe above-named corporation above-named corporation ida Statutes. above-named corporation 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP	ed when reinstating)	Dose of changing its ne e appointment as reginant DATE ERS AND DIRECTOR Change	egistered istered RS IN 12
ILE GLETE STADRESS AME 32 NAME 32 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS TY-ST-ZIP 34. CITY-ST-ZIP Change Addition 44 CITY-ST-ZIP 4	1. Pursuant to office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS IY- ST-ZIP ILE WKE	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam DP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor une if applicable. (NOTE: RECTORS	84 City ss, the above-named corruit thorized by the corporati ida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	Dose of changing its ne e appointment as reginant DATE ERS AND DIRECTOR Change	egistered istered RS IN 12
TLE DELETE 4.1 TTLE Change Addition MME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 44 CITY-ST-ZIP Change Addition TLE DELETE S1 TTLE Change Addition MME 52 NAME S3 STREET ADDRESS Addition TREET ADDRESS 53 STREET ADDRESS S4 CITY-ST-ZIP Change Addition TY-ST-ZIP DELETE 6.1 TITLE Change Addition TLE DELETE 6.1 TITLE Change Addition WE 6.2 NAME S3 STREET ADDRESS Addition TV-ST-ZIP S4 CITY-ST-ZIP Change Addition ME S3 STREET ADDRESS S4 CITY-ST-ZIP Change Addition ME S3 STREET ADDRESS S4 CITY-ST-ZIP Change Addition ME S3 STREET ADDRESS S4 CITY-ST-ZIP Change Addition ME S5 STREET ADDRESS S4 CITY-ST-ZIP Change Addition ME S5 STREET ADDRESS S4 CITY-ST-ZIP Change Addition	1. Pursuant office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607,0505, Flor Intel (NOTE: RECTORS	84 City B84 City Statutes City Registered Agent signature require 13 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	Dose of changing its regination of changing its regination of change its regination of the second se	egistered istered RS IN 12 Additio
AME	1. Pursuant 1 office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607,0505, Flor Intel (NOTE: RECTORS	84 City ss, the above-named corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME	ed when reinstating)	Dose of changing its regination of changing its regination of change its regination of the second se	egistered istered 3S IN 12 Additio
ITREET ADDRESS 4.3 STREET ADDRESS ITREET ADDRESS 4.4 CITY-ST-ZIP ITLE DELETE S1 TITLE Change AME S2 NAME ITY-ST-ZIP S3 STREET ADDRESS TITLE S3 STREET ADDRESS TTY-ST-ZIP S4 CITY-ST-ZIP TILE DELETE 61 TITLE Change AME S2 NAME S4 CITY-ST-ZIP S4 CITY-ST-ZIP TILE DELETE 61 TITLE Change AME 62 NAME IREET ADDRESS 63 STREET ADDRESS ITY-ST-ZIP 64 CITY-ST-ZIP AME 63 STREET ADDRESS ITY-ST-ZIP 64 CITY-ST-ZIP	1. Pursuant 1 office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP ME REET ADDRESS IY-ST-ZIP	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor Intel rapplicable. (NOTE: RECTORS	84 City ss, the above-named corporation thorized by the corporation ida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ed when reinstating)	Dose of changing its r e appointment as reginant DATE ERS AND DIRECTOF Change	egistered istered RS IN 12 Additio
TLE DELETE 5.1 TITLE Change Addition AME 52 NAME 52 NAME 52 NAME 53 STREET ADDRESS TY-ST-ZIP 54 CITY-ST-ZIP 55 CITY-ST-ZIP 54 CITY-ST-ZIP 55 CITY-ST-ZIP 54 CITY-ST-ZIP 55 CITY-ST-ZIP 5	1. Pursuant 1 office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor Intel rapplicable. (NOTE: RECTORS	84 City 95, the above-named corporation thorized by the corporation 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	Dose of changing its r e appointment as reginant DATE ERS AND DIRECTOF Change	egistered istered RS IN 12 Additio
AME AME S2.NAME S2.NAME S2.NAME S2.NAME S3.STREET ADDRESS S4.CITY-ST-ZIP TLE DELETE DELETE C1.TITLE DELETE C1.TITLE C2.NAME C2.NAME C2.NAME C2.NAME C2.NAME C2.NAME C2.NAME C2.NAME C3.STREET ADDRESS C4.CITY-ST-ZIP C2.NAME C3.STREET ADDRESS C4.CITY-ST-ZIP C4.Lbereby 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	1. Pursuant 1 office or re agent. I ar IGNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor Intel rapplicable. (NOTE: RECTORS	84 City es, the above-named corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.2 NAME 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed when reinstating)	Dose of changing its r e appointment as reginant DATE ERS AND DIRECTOF Change	egistered istered RS IN 12 Additio
ITY-ST-ZIP 53 STREET ADDRESS ITY-ST-ZIP 54 CITY-ST-ZIP ITLE DELETE 61 TITLE Change AME 62 NAME IREET ADDRESS 63 STREET ADDRESS ITY-ST-ZIP 64 CITY-ST-ZIP ITY-ST-ZIP 64 CITY-ST-ZIP	1. Pursuant 1 office or re agent. I ar IGNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor INTE If applicable. (NOTE: RECTORS	84 City es, the above-named corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating)	DATE	egistered istered RS IN 12 Additio
ITTLE DELETE 6.1 TITLE Change Addition AME 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP	1. Pursuant 1 office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP RE REET ADDRESS IY-ST-ZIP RE	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor INTE If applicable. (NOTE: RECTORS	84 City Ps, the above-named corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ed when reinstating)	DATE	egistered istered RS IN 12 Additio Additio
62 NAME 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP	1. Pursuant 1 office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor INTE If applicable. (NOTE: RECTORS	84 City es, the above-named corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 SAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ed when reinstating)	DATE	egistered istered RS IN 12 Additio Additio
TREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP A L benefity certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	1. Pursuant 1 office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor Inte If applicable. (NOTE: RECTORS DELETE	84 City es, the above-named corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating)	DATE	egistered istered RS IN 12 Addition Addition Addition Addition Addition
64 CITY-ST-ZIP 64 CITY-ST-ZIP	1. Pursuant 1 office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor Inte If applicable. (NOTE: RECTORS DELETE	84 City es, the above-named corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ed when reinstating)	DATE	egistered istered RS IN 12 Additio Additio
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 information in the section stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information information information in the section stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information information information in the section of the section stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information information in the section is the section of the section in the section of the section in the section in the section is the section in the section in the section is the section in the section is the section in the section in the section in the section is the section in the section is the section in the section is the section in the section in the section is the section in the section in the section is the secti	1. Pursuant 1 office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam OP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI	n, in the State of Fic cept the obligations to of registered agent and the DFFICERS AND DII EET	orida. Such change was au of, Section 607.0505, Flor Inte If applicable. (NOTE: RECTORS DELETE	84 City B4 City B4 City B4 City B5 City B4 Statutes. B4 Signature require 13 Intrue 13 STREET ADDRESS 1.4 CITY-ST-ZIP STREET ADDRESS 2.4 CITY-ST-ZIP STREET ADDRESS 3.4 CITY-ST-ZIP STREET ADDRESS 3.4. CITY-ST-ZIP STREET ADDRESS 3.4. CITY-ST-ZIP STREET ADDRESS 3.4. CITY-ST-ZIP STREET ADDRESS 4.4 CITY-ST-ZIP STREET ADDRESS 5.3 STREET ADDRESS Statement Address 5.4 CITY-ST-ZIP STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating)	DATE	egistered istered RS IN 12 Additio Additio
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	1. Pursuant 1 office or re agent. I ar IGNATURE 2. ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE WE REET ADDRESS TY-ST-ZIP ILE WE REET ADDRESS TY-ST-ZIP ILE WE REET ADDRESS TY-ST-ZIP	to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam C DP HANKIN, SAMUEL 305 N.E. 1ST STRI GAINESVILLE FL S EDINGER, GARY S 305 N.E. 1ST STRI GAINSEVILLE FL	n, in the State of Fic sept the obligations is of registered agent and to DFFICERS AND DI EET	orida. Such change was au of, Section 607.0505, Flor RECTORS DELETE	84 City es, the above-named corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ed when reinstating) to ADDITIONS/CHANGES TO OFFICE	DATE	egistered istered RS IN 12 Additio Additio Additio

i