

FILED
Apr 30, 2004 8:00 am
Secretary of State

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04292004 Chq-NP CR2E037 (10/03)

4. FEI Number 01-0648956	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRISSEN, RICHARD F
213 W COMSTOCK AVE
WINTER PARK, FL

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	BARKER, FRANK H	
STREET ADDRESS	149 TWELVE OAKS LN	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

TITLE	5	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Trismen, Richard F		
STREET ADDRESS	213 W. Comstock Ave		
CITY-ST-ZIP	Winter Park, FL 32789		

TITLE	VD	<input type="checkbox"/> Delete
NAME	POLEJES, CRAIG	
STREET ADDRESS	2110 FORREST RD	
CITY-ST-ZIP	WINTER PARK, FL 32789	

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hollon, Alva A Jr.		
STREET ADDRESS	551 LeMaster Dr		
CITY-ST-ZIP	Ponte Vedra Beach FL 32082		

TITLE	TD	<input type="checkbox"/> Delete
NAME	PINDER, JOHN	
STREET ADDRESS	1951 LEGION DR	
CITY-ST-ZIP	WINTER PARK, FL 32789	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Casey, Dennis J.		
STREET ADDRESS	360 East Trotters Dr.		
CITY-ST-ZIP	Maitland FL 32751		

TITLE	SD	<input type="checkbox"/> Delete
NAME	KRESGE, CARY JR	
STREET ADDRESS	2045 SUMMERLAND AVE	
CITY - ST - ZIP	WINTER PARK, FL 32789	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLONG, ALVA A JR.	
STREET ADDRESS	551 LE MASTER DR	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320822313	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	S	<input type="checkbox"/> Delete
NAME	TAISMEN, RICHARD F	
STREET ADDRESS	213 W COMSTOCK RV	
CITY-ST-ZIP	WINTER PARK, FL 32789	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alva A. Hollon, Jr. Alva A. Hollon, Jr. 4/29/04 904-737-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #