

FILED
May 05, 2008 8:00 am
Secretary of State

DOCUMENT # N03000007557

The seal of the State of Florida is a circular emblem. It features a central figure of a person standing on a small island, holding a bow and arrow. The figure is surrounded by a wreath. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

Mailing Address
PO BOX 1578
KEY LARGO, FL 33037

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

04222008 Chq-NP CR2E037 (12/06)

4. FBI Number
20-0193560

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

OVERFIELD, RICHARD L
99411 OVERSEAS HWY #4
KEY LARGO, FL 33037

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, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KENDALL, R.T. DR.	
STREET ADDRESS	99411 OVERSEAS HWY #4	
CITY - ST - ZIP	KEY LARGO, FL 33037	

TITLE	D	<input type="checkbox"/> Delete
NAME	OVERFIELD, RICHARD L	
STREET ADDRESS	99411 OVERSEAS HWY #4	
CITY - ST - ZIP	KEY LARGO, FL 33037	

TITLE	D	<input type="checkbox"/> Delete
NAME	KENDALL, ROBERT T II	
STREET ADDRESS	99411 OVERSEAS HWY #4	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	D	<input type="checkbox"/> Delete
NAME	WALL, RANDOLPH	
STREET ADDRESS	99411 OVERSEAS HWY #4	
CITY-ST-ZIP	KEY LARGO, FL 33037	

TITLE	D	<input type="checkbox"/> Delete
NAME	OATES, RICHARD G	
STREET ADDRESS	99411 OVERSEAS HWY #4	
CITY-ST-ZIP	KEY LARGO FL 33037	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Note

Daytime Phone # _____