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GAFFINEY, REGINALD 1945 DAYTONA LANE JACKSONVILLE, FL 32218 DO NOT WRITE IN THIS SPACE In the above named antity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. Tem temiliar with, and accept we obligations of registered agent. Intermitting from the statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. Tem temiliar with, and accept Intermitting from the statement of the the purpose of changing its registered office or registered egent, or both, in the State of Florida. Tem temiliar with, and accept Intermitting from the statement of the the purpose of changing frighting intermitting of the obligations of registered agent. Intermitting from the statement of the the purpose of changing frighting Intermitting from the statement of the temperature of the statement of the temperature of the statement of the statem	6 Name and Address of Current Red	stered Agent	T	5. Certificate	e of Status Desired		
Ite obligations of registered agent. SIGNATURE Type of the Start 25 Due by May 1, 2008 P. Election Campaign Financing Due by May 1, 2008 P. El	GAFFNEY, REGINALD 1845 DAYTONA LANE						
Filling Fee is \$81.25 Due by May 1, 2008 P. Election Campaign Financing Trust Fund Contribution \$5.00 May Ba Added to Fees Upppppg46500 05/30/08-20051-017 70.00 10. OFFICERS AND DIRECTORS Image: Contribution Directors Directors TITLE TP GAFFNEY, REGINALD Image: Contribution Directors 10. OFFICERS AND DIRECTORS Image: Contribution Directors TITLE TP GAFFNEY, REGINALD Image: Contribution Directors 11. TVP TWGSS, STANLEY Directors STRET AURES JACKSONVILLE, FL 32218 Directors TITLE TS HICKS, JIMMIE P Image: Control of Contro	the obligations of registered agent.	purpose of changing its registe	red office or register	ed agent, or bo	oth, in the State of Flo	rida. I am familiar w	vith, and accept
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 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 	TTLE TP NAME GAFFNEY, REGINALD STREET ADDRESS 1845 DAYTONA LANE CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE TVP NAME TWIGGS, STANLEY STREET ADDRESS 2292 NETTLE BROOK STREET NON CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE TS NAME HICKS, JIMMIE P STREET ADDRESS 13407 ASHCROFT LANDING COUR CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE TS NAME HICKS, JIMMIE P STREET ADDRESS 13407 ASHCROFT LANDING COUR CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS <td>?тн</td> <td></td> <td></td> <td></td> <td></td> <td></td>	?тн					
SIGNATURE: Stanley Twiggs APRI 28 2005 904-358-1711	 CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with a Harmonian supplied with the supervision of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with a supervision of the corporation of the corporation of the receiver or trustee empower changed, or on an attachment with an address, with a supervision of the corporation of the corporation of the receiver of trustee empower changed, or on an attachment with an address. 	ed to execute this report as requ	emptions contained ature shall have the s irred by Chapter 617	in Chapter 11 same legal effe , Florida Statut	es; and that my name	appears in Block 1	ne information icer or director 0 or Block 11 if -358-17/1

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