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rincipal Plac	ce of Business		Mailing Address		·]			
3243 JAMESTOWN DR		4849 ONYX LANE		1				
C/OJ. TROSTER HOLIDAY FL 34691		C/O W KRUDOP. #106 NEW PORT RICHEY FL 34652						
\$			US					
Principal F	Place of Business		3. Mailing Address					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2988157 Not Applied For				
		City & State					4. FEI Nur	
Zip		Country	Zip	Country	5. Certific:		\$8.75 Add	
	6. Name and	Address of Curr	ent Registered Agent			nd Address of New Regis	Fee Require	d
				Name				
LAUBAUGH, EVELYN E			Street	Address (P.O. Box Nur	(P.O. Box Number is Not Acceptable)			
	LLEON CT PT RICHEV EL 3	4652		<u> </u>				
NEW PORT RICHEY FL 34652			City			FL Zip Cod	e	
GNATURE .	Signature, typed or print				ture required when reinstating)		DATE	·
GNATURE .		/:	gent and title if applicable. (NOTE: 9. Election Campaign Trust Fund Contribu	Financing	ture required when reinstating) \$5.00 May Be Added to Fees		DATE Deck Payable to ment of State	
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