Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Proceedings of the second state of the second sta		FILE NOW: FILI	ING FE	E IS \$61.25		FILED
1998       Division or corpored introvis         DOULDING OF DEPORTS       Secretary of State         DOULDING OF DEPORTS       Maining Address         MACCLENNY SOUTH PROPERTY OWNERS ASSOCIATION, INC       Inclusion         Introduce of Business       Maining Address         DWIS RH       State of Business       Maining Address         DWIS RH       State of Business       Maining Address         DWIS RH       State of Business       State of Business       State of Business         DWIS RH       State of Business       State of Business       State of Business       State of Business         DWIS RH       State of Business       State of Business       State of Business       State of Business         DWIS RH       State of Business       State of Business       State of Business       State of Business         DVIS DUITY       Zobe of Business       State of Business       State of Business       State of Business         DVIS DUITY       Zobe of Business       State of Business       State of Business       State of Business         DVIS DUITY       Zobe of Current Registered Agent       Registered Adeness of Business of Current Registered Agent       Registered Agent <th>COR</th> <th>PORATION</th> <th></th> <th></th> <th></th> <th>Feb 06 1998 8:00am</th>	COR	PORATION				Feb 06 1998 8:00am
MACCLENNY SOUTH PROPERTY OWNERS ASSOCIATION. INC         Innoipsi Place of Business       Mailing Address         MARCELENNY R 2000       Mailing Address         MARCELENNY R 2000       Stort ST S         MARCELENNY R 2000       Stort ST S         Principal Place of Business       Za         P		14 - A - A		•		Secretary of State
	DOCUN . Corporation	MENT # N2860	0	(7)		
Mailing Address     Mailing Address       0.Wis, RH, 5 GH ST, S. CACLEWY F, 2003     Stor MSR, RH, 515 GH ST, S. Stor MSR, RH, 515 GH ST, S. Stor MSR, RH, 516 GH ST, S. Stor MARK, Apt, R, etc.     3. Data Processing Comparison of	MACCLI	ENNY SOUTH PROPERTY	OWNERS	S ASSOCIATION	1, INC	
5 GH 57: S. COLENNY F. 32003       Sti 5 Hi 57. S. MOCCENNY F. 32033 <ul> <li>Mailing Address</li> <li>S. Cardinate of Sublemas</li> <li>S. S. S. Cardinate of Sublemas</li> <li>S. S. S</li></ul>	rincipal Place	of Business	Mailing	g Address	,,,,,,,	
Status         Solution         <	5 6TH ST. S.	32063	515 6T	h st. s.		09/29/1988
Control Provide P						
Suite April #, etc.     Suite April #, etc.     Suite April #, etc.     The State	Principal Pla	ace of Business	<u>i</u> ,	illing Address		<b>5.</b> Certificate of Status Desired
City & State       City & State       7. Is this nonprofit corporation a boyef-writer association?         Zip       Country       Zip       Country       Zip       Country         Zip       Zip       Zip       Country       Zip       Country         Zip       Zip       Zip       Zip       Zip       Zip       Zip       Zip         State       Zip       Zip <td< td=""><td></td><td>¥, etC.</td><td>Sui</td><td>te, Apt. #, etc.</td><td></td><td>6. Election Campaign Financing \$5.00 May Be</td></td<>		¥, etC.	Sui	te, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
ZP       Country       ZP       Country       ZP       Country       The constraint process or was or has paid the current year integration         9       Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         FHODEN, THOMAS R. 515 SOUTH SUTH SUTH STREET       11. Name       10. Name and Address of New Registered Agent       11. Name         RACCLENNY FL       12       Streat Address (P.O. Box Number is Not Acceptable)       12. Particular to the provision of Genetics 517 0002 and 617 15005 Florids Statutes, the above and occupation submits this statement for the purpose of changing its registered agent, or bonins in the State of the obligations of, Section 617.0503, Florids Statutes, the adores are providend agent, or bonins in the State of the obligations of, Section 617.0503, Florids Statutes, the adores are providend agent, adores are providend agent agent and the statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florids Statutes, the adores are providend and registered Agent agent agent and the statement for the purpose of changing its registered agent agent and the statement for the purpose of changing its registered agent, and the statement for the purpose of changing its registered agent, advect agent and the statement for the purpose of changing its registered agent, advect agent and the statement for the purpose of changing its registered agent, advect agent and the statement for the purpose of changing its registered agent, advect agent and the statement for the purpose of changing its registered agent, advect agent advect agent advect agent adv	City & State	)	City	y & State		7. Is this nonprofit corporation a horpeowners association?
PHODEN, THOMAS R. 515 SOUTH SIXTH STREET MACCLENNY FL     Image: source of Sectors ST 2002 and 617.1508, Florida. Statutes. If the provisions of Sectors Statutes of Sectors Statutes and acceptation submits this statement for the purpose of changing its registered offices registered agent, or both, in the State of Florida. Such change was authorized or procession submits this statement for the purpose of changing its registered offices registered agent. The state of Florida. Such change was authorized or discount to the statement for the purpose of changing its registered offices registered agent. The state of Florida. Such change was authorized or discount to the statement for the purpose of changing its registered offices registered agent. The state of Florida. Such change was authorized of the change of the social offices registered agent. The state of Florida. Such change was authorized of the change of the statement for the purpose of changing its registered offices registered of the change of the change was authorized of the change of the statement for the purpose of changing its registered offices registered of the change of the change was authorized of the change of th	zip		Zip			8. This corporation owes or has paid the current year Intangible
BHODEN, THOMAS R. 515 SOUTH SIXTH STREET       B2       Street Address (P.O. Box Number is Not Acceptable)         B3       B4       City       FL       B3         B4       City       FL       B5       Zip Code         1. Pursuant to the provisions of Sections 617.0502 and 617:1506, 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. Such change was authorized by the corporation submits his statement for the purpose of changing its registered office or registered agent, or both in the state of Florida. Such change was authorized by the corporation scale band of directors. I hardby accept the exploriment as registered office or registered agent, or both of the state of Florida. Such change authorized by the corporation scale band of directors. I hardby accept the exploriment as registered agent. I in Title         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         2.       DAVS, R.H.       12.NME       11.1TILE       21.0ME         3.       ADOITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       23.STRET ADDRES		9. Name and Address of Curren	nt Registere	d Agent	Pt Namo	10. Name and Address of New Registered Agent
515 SOUTH SIXTH STREET     33       MACCLENNY FL     34       94     (Dity       95     (Dity       95     (Dity       96     (Dity       97     (Dity       98     (Dity       90     (Dity       90     (Dity       90     (Dity       90     (Dity       90     (Dity       90     (Dity       90 <td>RHODEN.</td> <td>. Thomas R.</td> <td></td> <td></td> <td></td> <td>drase (P.O. Roy Number is Not Accostable)</td>	RHODEN.	. Thomas R.				drase (P.O. Roy Number is Not Accostable)
	515 SOUT	Th Sixth Street				
T. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the pursues of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0502, Printed Statutes, the obligation of accept the appointment as registered agent. and accept the obligations of, Section 617,0502, Printed Statutes, and the registered Agent spratter registered admit and the registered agent and the registered Agent spratter registered agent and the registered Agent spratter registered agent and the registered Agent spratter registered Agent spratter registered agent and the registered Agent spratter registered Agent spratter registered agent agent and the registered Agent spratter registered Agent spratter registered agent agent and the registered Agent spratter registered Agent spratter registered agent agent. The Example Agent spratter registered Agent spratter registered agent agent. The Example Agent spratter registered Agent spratter registered agent agent. The Example Agent spratter registered Agent spratter registered Agent spratter registered agent agent. The State Appression and the registered Agent spratter registered agent agent agent agent agent agent agent agent agent agent. The Appression agent	MACCLEN	NNY FL				
					84 City	
TLE       PD       DELETE       11 TITLE       Change       Addition         MARE       DAVIS, R.H.       12 MANKE	1. Pursuant to office or rec	the provisions of Sections 617.050	2 and 617.1 of Florida, S	508, Florida Statutes Such change was au	, the above-named co	
PRET ADDRESS       POST OFFICE BOX 387 N/A       1.3 STREET ADDRESS         TY:-ST-2IP       MACCLENNY FL       1.4 CITY-ST-2IP         Nue       RHODEN, THOMAS R.       2.3 STREET ADDRESS         STD       DELETE       2.1 TITLE         WAE       2.3 STREET ADDRESS		Signature, typed or printed name of registered age	nt and litte if app	licable. (NOTE: f	Registered Agent signature req	PL
TY:-ST-2P       MACCLENNY FL       1.4 CitY:-ST-2P         TLE       STD       DELETE       2.1 TITLE         WAR       RHODEN, THOMAS R.       2.3 STREET ADDRESS         FREET ADDRESS       S15 S. SIXTH STREET       2.3 STREET ADDRESS         TLE       VD       DELETE       3.1 TITLE         TRE       VD       DELETE       3.1 TITLE         TRE       VD       DELETE       3.1 TITLE         MACCLENNY FL       3.3 STREET ADDRESS		Signature, typed or printed name of registered age OFFICERS ANI	nt and litte if app	ilicable. (NOTE: f	Tegistered Agent signature req	PL poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uited when relistating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Intel       STD       DELETE       21 TITLE       Change       Addition         MAE       RHODEN, THOMAS R.       23 NAME       23 NAME       Change       Addition         Instruction       S15 S. SIXTH STREET       23 NAME       Change       Addition         Instruction       MACCLENNY FL       24 CITY-ST-ZIP       Change       Addition         MAE       RHODEN, THOMAS JASON       32 NAME       33 STREET ADDRESS       Change       Addition         Instruction       DELETE       31 TITLE       Change       Addition         MAE       RHODEN, THOMAS JASON       32 NAME       33 STREET ADDRESS       Change       Addition         Instruction       MACCLENNY FL       33 STREET ADDRESS       Change       Addition         Instruction       MAE       Change       Instruction       Instruction         ME       Instruction       43 STREET ADDRESS       Change       Addition         ME       Instruction       43 STREET ADDRESS       Instruction       Instruction         ME       Instruction       Street ADDRESS       Instruction       Instruction       Instruction         ME       Instruction       Street ADDRESS       Street ADDRESS       Street ADDRESS       Instruction </td <td>SIGNATURE 2. ITLE IAME</td> <td>PD DAVIS, R.H.</td> <td>nt and litte if app</td> <td>ilicable. (NOTE: f</td> <td>Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME</td> <td>PL poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uited when relistating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</td>	SIGNATURE 2. ITLE IAME	PD DAVIS, R.H.	nt and litte if app	ilicable. (NOTE: f	Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME	PL poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uited when relistating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TREET ADDRESS       515 S. SIXTH STREET       2.3 STREET ADDRESS         MACCLENNY FL       2.4 OTTY-ST-2IP         TLE       VD       DELETE         NME       RHODEN, THOMAS JASON       3.2 NAME         S15 S. SIXTH STREET       3.3 STREET ADDRESS         TY-ST-ZIP       MACCLENNY FL       Change         MAE       Addition         TY-ST-ZIP       MACCLENNY FL         MAE       JELETE         MACCLENNY FL       3.5 STRET ADDRESS         TY-ST-ZIP       MACCLENNY FL         LE       DELETE         VI       DELETE         AL CITY-ST-ZIP       Addition         MAE       4.2 NAME         REET ADDRESS       4.3 STREET ADDRESS         TY-ST-ZIP       4.4 OTY-ST-ZIP         ILE       DELETE         STREET ADDRESS       4.3 STREET ADDRESS         TY-ST-ZIP       Change       Addition         ME       S.2 NAME       S.3 STREET ADDRESS         TY-ST-ZIP       S.4 CITY-ST-ZIP       Change       Addition         ME       S.3 STREET ADDRESS       S.3 STREET ADDRESS       S.3 STREET ADDRESS         TY-ST-ZIP       S.4 CITY-ST-ZIP       Change       Addition <td< td=""><td>IGNATURE</td><td>PD DAVIS, R.H. POST OFFICE BOX 387 N/A</td><td>nt and litte if app</td><td>ilicable. (NOTE: f</td><td>Pegistered Agent signature req <b>13.</b> 1.1 TITUE 1.2 NAME 1.3 STREET ADDRESS</td><td>PL poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uited when relistating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</td></td<>	IGNATURE	PD DAVIS, R.H. POST OFFICE BOX 387 N/A	nt and litte if app	ilicable. (NOTE: f	Pegistered Agent signature req <b>13.</b> 1.1 TITUE 1.2 NAME 1.3 STREET ADDRESS	PL poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uited when relistating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TY-ST-2IP       MACCLENNY FL       2.4 CITY-ST-2IP         TLE       VD       DELETE       3.1 TITLE         MME       RHODEN, THOMAS JASON       3.2 NAME         S15 S. SIXTH STREET       3.3 STREET ADDRESS         TY-ST-ZIP       MACCLENNY FL       3.4 CITY-ST-ZIP         TRE       DELETE       3.1 TITLE         NME       3.4 CITY-ST-ZIP       Addition         NME       4.2 NAME       4.2 NAME         REET ADDRESS       4.3 STREET ADDRESS       Addition         TY-ST-ZIP       4.4 CITY-ST-ZIP       Change       Addition         ME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       Change       Addition         ME       1 DELETE       5.1 TITLE       Change       Addition         ME       5.2 NAME       5.3 STREET ADDRESS       5.3 STREET ADDRESS       5.3 STREET ADDRESS         TY-ST-ZIP       4.4 CITY-ST-ZIP       Change       Addition         ME       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP         TLE       DELETE       6.1 TITLE       Change       Addition         ME       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       Change       Addition         ME       6.3 STREET ADDRESS<	SIGNATURE	PD DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL	nt and litte if app	ificable. (NOTE: f RS DELETE	Pegistered Agent signature req <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	PL poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered ulted when relastaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TLE       VD       DELETE       3.1 TITLE       Change       Addition         NME       RHODEN, THOMAS JASON       3.2 MAME       3.3 STREET ADDRESS       515 S. SIXTH STREET       3.3 STREET ADDRESS         TY-ST-ZIP       MACCLENNY FL       3.4 CITY-ST-ZIP       3.4 CITY-ST-ZIP       Change       Addition         NME	IGNATURE	PD DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R.	nt and litte if app	ificable. (NOTE: f RS DELETE	Pegistered Agent signature req <b>13.</b> 1.1 TITUE 1.2 NAME 1.3 STREET ADDRESS <u>1.4 CITY-ST-ZIP</u> 2.1 TITUE 2.2 NAME	PL poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered ulted when relastaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
REET ADDRESS       515 S. SIXTH STREET       3.3 STREET ADDRESS         MACCLENNY FL       3.4 CITY-ST-ZIP         TLE       DELETE       4.1 TITLE         MRE       4.2 NAME         REET ADDRESS       4.3 STREET ADDRESS         TY-ST-ZIP       4.4 CITY-ST-ZIP         REET ADDRESS       4.3 STREET ADDRESS         TY-ST-ZIP       4.4 CITY-ST-ZIP         LE       DELETE         STREET ADDRESS       5.1 TITLE         MKE       5.2 NAME         SET ADDRESS       5.3 STREET ADDRESS         TY-ST-ZIP       2.4 CITY-ST-ZIP         LE       DELETE         S.1 TITLE       Change         Addition       S.2 NAME         SET ADDRESS       5.3 STREET ADDRESS         TY-ST-ZIP       Change         LE       DELETE         S.1 TITLE       Change         ME       6.2 NAME         G2 NAME       6.3 STREET ADDRESS         TY-ST-ZIP       Change         LE       DELETE         6.1 TITLE       Change         ME       6.3 STREET ADDRESS         TY-ST-ZIP       Change         LE       STREET ADDRESS         LY-ST-ZIP	SIGNATURE	PD DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET	nt and litte if app	ificable. (NOTE: f RS DELETE	Pegistered Agent signature req <b>13.</b> 1.1 TITUE 1.2 NAME 1.3 STREET ADDRESS <u>1.4 CITY-ST-ZIP</u> 2.1 TITUE 2.2 NAME 2.3 STREET ADDRESS	FL      proration submits this statement for the purpose of changing its registered     ation's board of directors. I hereby accept the appointment as registered     utred when reinstaing)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change Addition     Change Addition
ILE       DELETE       4.1 TITLE       Change       Addition         AME       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         TY-ST-ZIP       4.4 CITY-ST-ZIP       Change       Addition         TKE       DELETE       5.1 TITLE       Change       Addition         MKE       5.2 NAME       5.3 STREET ADDRESS       Change       Addition         MKE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       Change       Addition         MKE       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       Change       Addition         MKE       6.3 STREET ADDRESS       5.4 CITY-ST-ZIP       Change       Addition         K       1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(	IGNATURE	PD DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL	nt and litte if app		Pegistered Agent signature req <b>13.</b> 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	FL      proration submits this statement for the purpose of changing its registered     ation's board of directors. I hereby accept the appointment as registered     utred when reinstaing)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change Addition     Change Addition
ME       4.2 NAME         REET ADDRESS       4.3 STREET ADDRESS         TY-ST-ZIP       4.4 CITY-ST-ZIP         LE       DELETE         STREET ADDRESS       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         TY-ST-ZIP       5.4 CITY-ST-ZIP         LE       STREET ADDRESS         TY-ST-ZIP       5.4 CITY-ST-ZIP         LE       DELETE         BEET ADDRESS       5.4 CITY-ST-ZIP         LE       DELETE         STREET ADDRESS       5.4 CITY-ST-ZIP         ME       6.2 NAME         REET ADDRESS       5.3 STREET ADDRESS         TY-ST-ZIP       STREET ADDRESS         FY-ST-ZIP       STREET ADDRESS         FY-ST-ZIP       STREET ADDRESS         FY-ST-ZIP       STREET ADDRESS         ST-ST-ZIP       STREET ADDRESS         FY-ST-ZIP       STREET ADDRESS         STARET ADDRESS       STREET ADDRESS         ST-ST-ZIP       STREET ADDRESS         STARET ADDRESS       STREET ADDRESS         ST-ST-ZIP       STREET ADDRESS         STARET ADDRESS       STREET ADDRESS         ST-ST-ZIP       STREET ADDRESS         ST-ST-ZIP       STREET ADDRESS	IGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app		Pegistered Agent signature req <b>13.</b> 1.1 TITUE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITUE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITUE 3.2 NAME	FL      proration submits this statement for the purpose of changing its registered     ation's board of directors. I hereby accept the appointment as registered     utred when reinstaing)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change Addition     Change Addition
REET ADDRESS     43 STREET ADDRESS       TY-ST-ZIP     44 CITY-ST-ZIP       ME     52 NAME       STREET ADDRESS     53 STREET ADDRESS       TY-ST-ZIP     54 CITY-ST-ZIP       LE     DELETE       BET ADDRESS     54 CITY-ST-ZIP       LE     DELETE       STREET ADDRESS     54 CITY-ST-ZIP       LE     DELETE       STREET ADDRESS     54 CITY-ST-ZIP       LE     DELETE       STREET ADDRESS     63 STREET ADDRESS       FTY-ST-ZIP     54 CITY-ST-ZIP       L     DELETE       STREET ADDRESS     54 CITY-ST-ZIP       L     STREET ADDRESS       FTY-ST-ZIP     54 CITY-ST-ZIP       L     STREET ADDRESS       FTY-ST-ZIP     STREET ADDRESS       FTY-STY-ZIP     STREET ADDR	SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app	ICable. (NOTE: 1 RS DELETE DELETE DELETE	egistered Agent signature req <b>13.</b> 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	PL     Provation submits this statement for the purpose of changing its registered     ation's board of directors. I hereby accept the appointment as registered     utred when reinstaing)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change Addition     Change Addition     Change Addition
Image: Change in DELETE       5.1 TITLE       Image in Addition         MME       5.2 NAME       5.3 STREET ADDRESS         FREET ADDRESS       5.4 CITY-ST-ZIP         Inte       Image in DELETE       6.1 TITLE         MME       6.2 NAME         Street ADDRESS       5.4 CITY-ST-ZIP         Inte       Image in DELETE       6.1 TITLE         ME       6.2 NAME       6.3 STREET ADDRESS         ITY-ST-ZIP       Image in Addition       6.4 CITY-ST-ZIP         Image: Interest Address       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP         Image: Interest Address       6.4 CITY-ST-ZIP       Image in Addition         <	SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app	ICable. (NOTE: 1 RS DELETE DELETE DELETE	agistered Agent signature req         13.         1.1 TITLE         12 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         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         4.1 TITLE	PL     Provation submits this statement for the purpose of changing its registered     ation's board of directors. I hereby accept the appointment as registered     utred when reinstaing)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change Addition     Change Addition     Change Addition
ME     52 NAME       REET ADDRESS     5.3 STREET ADDRESS       TY-ST-ZIP     5.4 CITY-ST-ZIP       LE     DELETE       ME     6.1 TITLE       REET ADDRESS     6.2 NAME       REET ADDRESS     6.3 STREET ADDRESS       TY-ST-ZIP     6.3 STREET ADDRESS       Image: Street Address     6.3 STREET ADDRESS       FIEST ADDRESS     5.4 CITY-ST-ZIP       Image: Street Address     5.4 CITY-ST-ZIP	IGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app	ICable. (NOTE: 1 RS DELETE DELETE DELETE DELETE	agistered Agent signature req         13.         1.1 TITLE         12 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         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         4.1 TITLE         4.2 NAME	PL     Provation submits this statement for the purpose of changing its registered     ation's board of directors. I hereby accept the appointment as registered     utred when reinstaing)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change Addition     Change Addition     Change Addition
REET ADDRESS       5.3 STREET ADDRESS         TY-ST-ZIP       5.4 CITY-ST-ZIP         LE       DELETE         MME       6.2 NAME         REET ADDRESS       6.3 STREET ADDRESS         TY-ST-ZIP       S.3 STREET ADDRESS         TY-ST-ZIP       6.3 STREET ADDRESS         TY-ST-ZIP       S.4 CITY-ST-ZIP         L       6.3 STREET ADDRESS         TY-ST-ZIP       S.4 CITY-ST-ZIP         L       Increase and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the Traceiver or trustee empowered. to execute this report as required by Chapter 617. Florida Statutes. I further certify that the information officer or director of the corporation or the Traceiver or trustee empowered. To execute this report as required by Chapter 617. Florida Statutes. and that my name appears in	IGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app	ICable. (NOTE: 1 TS DELETE DELETE DELETE DELETE DELETE	agletered Agent signature req         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         3.3 STREET ADDRESS         3.4 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	PL     Provation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered      utred when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change    Addition     Change    Addition     Change    Addition     Change    Addition
TY-ST-ZIP       5.4 CITY-ST-ZIP         LE       DELETE         ME       6.1 TITLE         KE       6.2 NAME         6.3 STREET ADDRESS         TY-ST-ZIP         In preby 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 annual report or supplemental annual 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 frequery or trustee empowered, to execute this report as required by Chapter 617. Florida Statutes. and that my name appears in	SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app	ICable. (NOTE: 1 TS DELETE DELETE DELETE DELETE DELETE	aglettered Agent signature req         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         3.3 STREET ADDRESS         3.4 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	PL     Provation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered      utred when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change    Addition     Change    Addition     Change    Addition     Change    Addition
ME     6.2 NAME       REET ADDRESS     6.3 STREET ADDRESS       TY-ST-ZIP     6.4 CITY-ST-ZIP       Increase or this annual report or supplemental annual 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 that Proceiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in	SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app	ICable. (NOTE: 1 TS DELETE DELETE DELETE DELETE DELETE	agletered Agent signature req         13.         1.1 TITLE         12 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         3.3 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         5.2 NAME	PL     Provation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered      utred when reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change    Addition     Change    Addition     Change    Addition     Change    Addition
REET ADDRESS TY-ST-ZIP A Thereby 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 annual report or supplemental annual 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 that Proceiver or trustee empowered, to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in	IGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app	IIICADIIA. (NOTE: 1 TS DELETE DELETE DELETE DELETE DELETE	aglistered Agent signature req         13.         1.1 TITLE         12 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         3.3 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         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP	PL     proration submits this statement for the purpose of changing its registered     ation's board of directors. I hereby accept the appointment as registered     ation's board of directors. I hereby accept the appointment as registered     addition     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change    Addition     Change    Addition     Change    Addition     Change    Addition     Change    Addition
1Y-ST-ZP     54 CITY-ST-ZP     56 CITY-ST-ZP     57 CITY-ST-ZP     56 CITY-ST-ZP     57 CITY-ST-ZP     56 CITY-ST-ZP     57 CITY-ST-ZP     56 CITY-ST-Z	SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app	IIICADIIA. (NOTE: 1 TS DELETE DELETE DELETE DELETE DELETE	agletered Agent signature req         13.         1.1 TITLE         12 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         3.3 STREET ADDRESS         3.4 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         6.1 TITLE	PL     proration submits this statement for the purpose of changing its registered     ation's board of directors. I hereby accept the appointment as registered     ation's board of directors. I hereby accept the appointment as registered     addition     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change    Addition     Change    Addition     Change    Addition     Change    Addition     Change    Addition
In 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 annual report or supplemental annual 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 freceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.	SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET	nt and litte if app	IIICADIIA. (NOTE: 1 TS DELETE DELETE DELETE DELETE DELETE	agletered Agent signature req         13.         1.1 TITLE         12 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         3.3 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	PL     proration submits this statement for the purpose of changing its registered     ation's board of directors. I hereby accept the appointment as registered     ation's board of directors. I hereby accept the appointment as registered     addition     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change    Addition     Change    Addition     Change    Addition     Change    Addition     Change    Addition
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 12 or Block 13 if changed or or an attachment with an address.	SIGNATURE	Signature, typed of printed name of registered age OFFICERS AND PD DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET MACCLENNY FL	nt and life if app	IGADIA. (NOTE: 1 TS DELETE DELETE DELETE DELETE DELETE DELETE	aglatered Agent signature req         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         6.1 TITLE         6.3 STREET ADDRESS         6.4 CITY - ST - ZIP         6.1 TITLE         6.3 STREET ADDRESS         6.4 CITY - ST - ZIP	
	IGNATURE	Signature, typed of printed name of registered age OFFICERS AND PD DAVIS, R.H. POST OFFICE BOX 387 N/A MACCLENNY FL STD RHODEN, THOMAS R. 515 S. SIXTH STREET MACCLENNY FL VD RHODEN, THOMAS JASON 515 S. SIXTH STREET MACCLENNY FL	nt and life if app	IGADIA. (NOTE: 1 TS DELETE DELETE DELETE DELETE DELETE DELETE	aglatered Agent signature req         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         6.1 TITLE         6.3 STREET ADDRESS         6.4 CITY - ST - ZIP         6.1 TITLE         6.3 STREET ADDRESS         6.4 CITY - ST - ZIP	

••