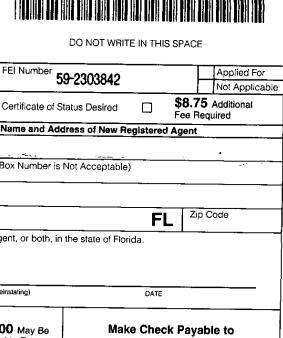
May 02, 2002 8:00 am § Secretary of State



☐ Addition ☐ Addition CITY-ST-7IP DEFUNIAK SPRINGS FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition KELLY;-WILLIAM.J.--NAME 8415 THAMES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAKER FL 32531 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NELSON, CLARENCE NAME NAME 167 SIDNEY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change Addition HOLT, MATT NAME 6189 ROCHELLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32539 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HALL, ROBERT W NAME NAME STREET ADDRESS 156 S 22ND ST STREET ADDRESS DE FUNIAK SPRINGS FL CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 suppliemental 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 repower 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

SIGNATURE: (