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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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	OKEECH	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect Signature, typed or printed rank of registered agen OFFICERS AN PD HUTCHINSON, SLOAN 5589 WHIRLAWAY RD. PALM BCH GARDENS FL SD COLLINS, MOSELEY 700 PARROT AVE. OKEECHOBEE FL D HUTCHINSON, SUSAN G. 700 PARROT AVE.	ida. Such change was author tion 617.0503, Florida Statute t and tile Pappicative. D DIRECTORS DELETE DELETE DELETE DELETE	Jtes, the abo ized by the c as. NOTE: Registered 13. 1.1 III 1.2 NA 1.3 ST 1.4 CP 2.1 TII 2.2 NA 2.3 ST 2.4 CP 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 5.1 TII 5.2 NA 5.3 ST 5.4 CP 6.1 TII 6.2 NA	B4 City ve-named corporation's box Agent signeture require ME REET ADDRESS ITY - ST - ZIP ILE AME REET ADDRESS IY - ST - ZIP ILE AME REET ADDRESS IY - ST - ZIP ILE ME REET ADDRESS IY - ST - ZIP ILE ME REET ADDRESS IY - ST - ZIP ILE ME REET ADDRESS IY - ST - ZIP ILE ME REET ADDRESS	ard of directors. I hereby accept the ap		Its registered office red agent. I am
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