## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300000411

. Corporation Name

WORLD EVANGELISM OUTREACH, INC.

Principal Place of Business 1541 E HWY 90 DEFUNIAK SPRINGS FL 32433 US

2. Principal Place of Business

Suite, Apt. #, etc.

86 N Davis Lane

Mailing Address

1541 E HWY 90 DEFUNIAK SPRINGS

2a. Mailing Address

Suite, Apt. #, etc.

DEFUNIAK SPRINGS FL 32433

<u>86 N Davis Lane</u>

US

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90056 030 \*\*\*\*61.25

\* 3 336646 - 90056 - 4 6 \*



Applied For

3. Date incorporated or Qualifed

01/26/1993

4. FEI Number

20   24   33   25   W   24   10   29   32   43   30   W   44   10   St. (Contribution   St. 40   40   40   40   40   40   40   40	22		27		59-2522011	Not	Applicable	
283   DeFUNDAK SPTINGS   128   Wilton   29   32 433   30   Walton	City & State		City & State	<del></del>	5 Certificate of Status Desired	7		
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes  15. Signature, the provisions and sections of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  16. Signature, the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. NAME  19. DEFUNIAK SPRINGS FL  10. DELETE 11. TITLE  10. DELETE 2. TITLE  10. DELETE 2. TITLE  10. Change Addition  10. Addition  10. DELETE 3. TITLE  10. Change Addition  10. DELETE 4. TITLE  10. DELETE 3. TITLE  10. Change Addition  10. DELETE 4. TITLE  10. DELETE 5. TITLE  10. Change Addition  10.	DeFu	niak Springs, FL	28 DeFuniak Sp	rings, FI	3. Controlle of Gallee Booker 3. E.	Fee Req	uired	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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's board of directors. I hereby accept the expolationar as 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 expolationar as 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 expolationar as 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 expolationar as 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 expolationar as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the expolationar as registered agent, or both, in the State of Florida, Such change and the registered agent and t			Zip		6. Election Campaign Financing	•	•	
WHITE, R W 80 GUAVA AVE DEFUNIAK SPRINGS FL 32433  81	3243			Walton	Trust Fund Contribution		Fees	
WHITE, R W 80 GLAVA AVE DEFUNIAK SPRINGS FL 32433  44 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0502 florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  20. ADDITIONS/CHANGES TO OFFICERS AN	or readile and Accides of Carlotte Cognition							
80 GLIAVA AVE DEFUNIAK SPRINGS FL 32433  44 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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's board of directors. I hereby accept the appointment as registered agent affirmation with an accept the obligations of, Section 107.000, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  WHITE, R. W  13. STREET AUDRESS  WHITE, R. W  13. STREET AUDRESS  STRETA DURESS  OFFINIAR SPRINGS FL  14. ACTY-57-2P  TITLE  D  CAMPBELL, LEON  32. NAME  33. STREET AUDRESS  OFFINIAR SPRINGS FL  14. ACTY-57-2P  TITLE  D  CAMPBELL, LEON  33. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  14. ACTY-57-2P  TITLE  D  CAMPBELL, LEON  32. NAME  33. STREET AUDRESS  COTY-57-2P  TITLE  D  CAMPBELL, LEON  33. STREET AUDRESS  COTY-57-2P  TITLE  D  CAMPBELL, LEON  34. STREET AUDRESS  DEFUNIAR SPRINGS FL  24. ACTY-57-2P  TITLE  D  CAMPBELL, LEON  35. STREET AUDRESS  COTY-57-2P  TITLE  CAMPBELL, LEON  36. STREET AUDRESS  COTY-57-2P  TITLE  CAMPBELL AUDRESS  COTY-57-2P				81 Name			-4	
DEFUNIAK SPRINGS FL 32433    Sa	WHITE, R	W		82 Street A	ddress (P.O. Box Number is Not Acceptable)		ين المالية	
### City ###	80 GUAV	A AVE ~						
TILE DO DEFUNIAK SPRINGS FL DEFUNIAK SPRINGS F	DEFUNIAK SPRINGS FL 32433							
1. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the spipointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the spipointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the spipointment as registered agent agent to a familiar with, and accept the obligations of, Section 817,0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  17. OFFICERS AND DIRECTORS IN 12.  18. TITLE  19.		~~~		84 City		85 Zip Ci	ode	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I hereby accept in appointment as registered agent, and married market and accept the obligations of, Section 617.050, Florida Statutes.  SIGNATURE    Signature   Signature, Speed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature)   DATE					_			
SIGNATURE    SIGNATURE   Signature, typed or printed return of registered agent and that if applicable.   NOTE Registered Agent signature required when reinstating)   DATE	11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes,	the above-named consists by the compare	orporation submits this statement for the purpos	e of changing its representation	egistered istered	
SIGNATURE    Signature, typed or printed name of registered agent and tile if applicable.   (NOTE Registered Agent eignature required when releastance)   OATE	οπιce or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes.	audit 5 could be disputors. I horoby doobt the b			
Signature, speed or printed marked of registrated agent and size if applicable.   ROTE Respitation and offent signature, required when intertablicy)   Name   PDC	•	•						
TITLE PDC   DELETE   11 TITLE   Change   Addition   NAME WHITE, R. W   12 NAME   13 STREET ADDRESS   OUTV-ST-ZIP DEFUNIAK SPRINGS FL   14 CTY-ST-ZIP   NAME WHITE, JOHN J   22 NAME   23 STREET ADDRESS   OUTV-ST-ZIP DEFUNIAK SPRINGS FL   24 TITLE   Change   Addition   NAME WHITE, JOHN J   22 NAME   23 STREET ADDRESS   OUTV-ST-ZIP DEFUNIAK SPRINGS FL   24 CTY-ST-ZIP   NAME CAMPBELL, LEON   32 NAME   33 STREET ADDRESS   OUTV-ST-ZIP DEFUNIAK SPRINGS FL   34 CTY-ST-ZIP   NAME CAMPBELL, LEON   32 NAME   33 STREET ADDRESS   OUTV-ST-ZIP DEFUNIAK SPRINGS FL   34 CTY-ST-ZIP   NAME WHITE, ROGER D   41 TITLE   Change   Addition   NAME WHITE, ROGER D   42 NAME   43 STREET ADDRESS   OUTV-ST-ZIP   DELETE   5 TITLE   Change   Addition   NAME WHITE, ROGER D   42 NAME   43 STREET ADDRESS   OUTV-ST-ZIP   DELETE   5 TITLE   Change   Addition   NAME STREET ADDRESS   54 CTY-ST-ZIP   NAME   STREET ADDRESS   54 CTY-ST-ZIP   NAME   STREET ADDRESS   54 CTY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CHANGE   CHANGE   CHANGE   CH	SIGNATURE				parted when restorating,		20 151 42	
WHITE, R. W STREET ADDRESS OF LINIAK SPRINGS FL  TITLE  DELETE  ON WHITE ROAD  STREET ADDRESS OCTY-ST-ZP  STREET ADDRESS OCTY-ST-ZP  STREET ADDRESS OCTY-ST-ZP  OF LINIAK SPRINGS FL  12 NAME  13 STREET ADDRESS OCTY-ST-ZP  14 CTY-ST-ZP  STREET ADDRESS OCTY-ST-ZP  STREET ADDRESS OCTY-ST-ZP  TITLE  VD  DELETE  13 TITLE  12 NAME  12 NAME  22 NAME  22 NAME  23 STREET ADDRESS OCTY-ST-ZP  13 STREET ADDRESS OCTY-ST-ZP  STREET ADDRESS OCTY-ST-ZP  TITLE  VD  DELETE  14 TITLE  15 TITLE  16 Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS OCTY-ST-ZP  TITLE  DELETE  15 TITLE  15 TITLE  15 STREET ADDRESS OCTY-ST-ZP  TITLE  15 STREET ADDRESS OCTY-ST-ZP  TITLE  16 STREET ADDRESS OCTY-ST-ZP  TITLE  16 STREET ADDRESS OCTY-ST-ZP  TITLE  17 STREET ADDRESS OCTY-ST-ZP  TITLE  18 STREET ADDR	12.				ADDITIONS/CHANGES TO OFFICERS			
STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL  TITLE D D DELETE 21 TITLE D TITLE D D DELETE 21 TITLE D DEFUNIAK SPRINGS FL 21 TITLE D DEFUNIAK SPRINGS FL 21 TITLE D DEFUNIAK SPRINGS FL 22 NAME STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL 24 CITY-ST-ZP DEFUNIAK SPRINGS FL 24 CITY-ST-ZP DEFUNIAK SPRINGS FL 32 STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL 32 STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL 34 CITY-ST-ZP TITLE NAME WHITE, ROGER D 42 NAME 43 STREET ADDRESS CITY-ST-ZP DONCE DE LEON FL 44 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS STREET STRE	TITLE		☐ DELETE			Cusuge		
CITY-ST-ZP  DEFUNIAK SPRINGS FL  1A-CITY-ST-ZP  TITLE  D  CHANGE  WHITE, JOHN J  STREET ADDRESS  CITY-ST-ZP  DEFUNIAK, SPRINGS FL  24 CITY-ST-ZP  TITLE  STD  DEFLETE  31 TITLE  STD  DEFLETE  31 TITLE  STD  DEFLETE  31 TITLE  STREET ADDRESS  CITY-ST-ZP  DEFUNIAK SPRINGS FL  33 STREET ADDRESS  DEFUNIAK SPRINGS FL  41 TITLE  NAME  WHITE, ROGER D  43 STREET ADDRESS  HWY C 81A  PONCE DE LEON FL  DELETE  STREET ADDRESS  CITY-ST-ZP  PONCE DE LEON FL  DELETE  63 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  63 STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  61 TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  63 STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  STREET ADDR	NAME	•					ļ	
TITLE D DELETE 21 TITLE Change Addition  WHITE, JOHN J 22 NAME  STREET ADDRESS  CITY-ST-ZPP  DEFUNIAK. SPRINGS FL 2.4 CITY-ST-ZIP  NAME  CAMPBELL, LEON 32 NAME  STREET ADDRESS  CITY-ST-ZPP  DEFUNIAK SPRINGS FL 3.3 STREET ADDRESS  CITY-ST-ZPP  TITLE  VD DELETE 3.1 TITLE  VD DELETE 4.1 TITLE  VD DELETE 4.1 TITLE  VD DELETE 4.1 TITLE  WHITE, ROGER D 4.2 NAME  STREET ADDRESS  CITY-ST-ZPP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE 5.1 TITLE  NAME  STREET ADDRESS  SA CITY-ST-ZPP  TITLE  NAME  STREET ADDRESS  SA STREET ADDRESS  CITY-ST-ZPP  TITLE  NAME  STREET ADDRESS  SA STREET ADDRESS  SA STREET ADDRESS  CITY-ST-ZPP  TITLE  NAME  STREET ADDRESS  SA STREET ADDRE	STREET ADDRESS			1.3 STREET ADDRESS				
WHITE, JOHN J JOHN WHITE ROAD 22 NAME STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL 24 CITY-ST-ZIP  TITLE STD DEFUNIAK SPRINGS FL 31 TITLE STD DEFUNIAK SPRINGS FL 32 NAME STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL 33 STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL 34 CITY-ST-ZIP NAME WHITE, ROGER D HWY C 81A PONCE DE LEON FL DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-	CITY-ST-ZIP						Addition	
STREET ADDRESS CITY-ST-ZP DEFUNIAK.SPRINGS FL 2.4 CITY-ST-ZP TITLE STD DEFUNIAK.SPRINGS FL 3.1 TITLE STD CAMPBELL, LEON 3.2 NAME STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL 3.3 STREET ADDRESS CITY-ST-ZP DEFUNIAK SPRINGS FL 3.4 CITY-ST-ZP TITLE NAME WHITE, ROGER D HWY C 81A STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS TITLE STR	TISLE	_	☐ DELETE	2.1 TITLE		L] Change	☐ Audition	
CITY-ST-ZP DEFUNIAK.SPRINGS FL 2.4 CITY-ST-ZP	NAME			2.2 NAME			Ī	
TITLE STD   DELETE   3.1 TITLE   Change   Addition   NAME   CAMPBELL, LEON   3.2 NAME   STREET ADDRESS   138 CYPRESS AVE   3.3 STREET ADDRESS   CITY-ST-ZIP   DEFUNIAK SPRINGS FL   3.4 CITY-ST-ZIP   TITLE   VD   DELETE   4.1 TITLE   Change   Addition   NAME   WHITE, ROGER D   4.2 NAME   STREET ADDRESS   HWY C 81A   4.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   STREET ADDRESS   S.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   S.3 STREET ADDRESS   CITY-ST-ZIP   Change   Change   Change   Change   NAME   S.3 STREET ADDRESS   CITY-ST-ZIP   Change   Change   Change   Change   NAME   S.3 STREET ADDRESS   CITY-ST-ZIP   Change   Change   Change   Change   Change   NAME   S.3 STREET ADDRESS   CITY-ST-ZIP   Change   Change   Change   Change   Change   NAME   S.3 STREET ADDRESS   CITY-ST-ZIP   Change   C	STREET ADDRESS	* * · · · · · · · · · · · · · · · · · ·		2.3 STREET ADDRESS				
NAME  CAMPBELL, LEON  STREET ADDRESS  CITY-ST-ZIP  DEFUNIAK SPRINGS FL  3.3 STREET ADDRESS  CITY-ST-ZIP  NAME  WHITE, ROGER D  HWY C 81A  PONCE DE LEON FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  TITLE  NAME  6.1 TITLE  NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  TITLE  NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  TITLE  NAME  1.4 Libereby 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	CITY-ST-ZIP	. DEFUNIAK SPRINGS FL	***, - ,				- A state	
STREET ADDRESS CITY-ST-ZIP  TITLE VD WHITE, ROGER D HWY C 81A FINEET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET	TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition	
CITY-ST-ZIP  DEFUNIAK SPRINGS FL  3.4. CITY-ST-ZIP  TITLE  VD  NAME  WHITE, ROGER D  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  PONCE DE LEON FL  1.1 TITLE  1.2 Change  Addition  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  1.3. STREET ADDRESS  CITY-ST-ZIP  DELETE  5.1 TITLE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  1.3. STREET ADDRESS  5.4 CITY-ST-ZIP  CITY-ST-ZIP  TITLE  1.4. Liberably 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	NAME			3.2 NAME			İ	
TITLE VD DELETE 4.1 TITLE  NAME WHITE, ROGER D 4.2 NAME  STREET ADDRESS HWY C 81A 4.3 STREET ADDRESS  CITY-ST-ZIP PONCE DE LEON FL 4.4 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP 5.3 STREET ADDRESS  CITY-ST-ZIP 5.4 CITY-ST-ZIP  TITLE DELETE 6.1 TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP 6.3 STREET ADDRESS  CITY-ST-ZIP 6.4 CITY-ST-ZIP  TITLE CHANGE Addition  NAME 6.3 STREET ADDRESS  CITY-ST-ZIP 6.4 CITY-ST-ZIP  THE CHANGE ADDRESS  CITY-ST-ZIP 7.1 Forthy 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	STREET ADDRESS	•		3.3 STREET ADDRESS				
NAME NAME WHITE, ROGER D  4. 2 NAME STREET ADDRESS CITY- ST-ZIP PONCE DE LEON FL  DELETE DELETE S1 TITLE S2 NAME STREET ADDRESS CITY- ST-ZIP TITLE S3 STREET ADDRESS CITY- ST-ZIP TITLE DELETE S4 CITY- ST-ZIP TITLE DELETE S4 CITY- ST-ZIP TITLE S4 CITY- ST-ZIP CAME STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY	CITY-ST-ZIP	DEFUNIAK SPRINGS FL		3.4. CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP PONCE DE LEON FL  4.4 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CAME STREET ADDRESS CITY-ST-ZIP Addition Addition  Change Addition Addition  Change Addition	TITLE	VD	☐ DELETE	4.1 TITLE			☐ Addition	
TITLE   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   S.4 CITY-ST-ZIP   TITLE   DELETE   S.1 TITLE   Change   Addition   STREET ADDRESS   S.4 CITY-ST-ZIP   TITLE   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   S.4 CITY-ST-ZIP   TITLE   Change   Addition   NAME   STREET ADDRESS   S.3 STREET ADDRESS   STREET ADDRESS   S.4 CITY-ST-ZIP   TITLE   Change   Addition   NAME   STREET ADDRESS   S.4 CITY-S	NAME	<b>_,</b>		4. 2 NAME			1	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CAMPE  6.3 STREET ADDRESS  CITY-ST-ZIP  1.4 Liberably 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	STREET ADDRESS	HWY C 81A		4.3 STREET ADDRESS			1	
NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  14. 1'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	CITY-ST-ZIP_	PONCE DE LEON FL		4.4 CITY-ST-ZIP				
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  1.4. L'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	TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition \	
STREET ADDRESS CITY-ST-ZIP  5.4 CITY-ST-ZIP  11TLE  1. DELETE  6.1 TITLE  6.2 NAME  STREET ADDRESS CITY-ST-ZIP  6.3 STREET ADDRESS CITY-ST-ZIP  1. Ingreby 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	NAME			5.2 NAME			}	
TITLE    DELETE   6.1 TITLE   Change   Addition	STREET ADDRESS			5.3 STREET ADDRESS			ł	
TITLE  NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  14. I 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	CITY-ST-ZIP		<u>.                                    </u>					
STREET ADDRESS CITY-ST-ZIP  14. I 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			☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
64 CITY-ST-ZIP  14. 1 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	NAME	÷		6.2 NAME				
64 CITY-ST-ZIP  14. 1 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	STREET ADDRESS	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.3 STREET ADDRESS			Ì	
14. I 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	CITY-ST-ZIP V	• • •						
	14. I hereby o	certify that the information supplied with	this filing does not qualify for th	e exemption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the in	formation	

8. Phereby certify that the information supplied with this filing does not quality 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 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 chaptered, or on an attachment with an address, with all other like empowered.

SIGNATURE

CONSTRUCTION LEGISTON LEON COMPOSITION Date Phone # Dayline Phone #