FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N93000001929 (9)

JANET AND STANLEY KANE FOUNDATION, INC.

Solite, Apt. 4, etc.    Solite   Solite	Principal Place of Business Mailing Address					T YADAYIYDA DAD EBADA LIITIY DDIYK DDIYK DDIYK DDIYK DDIBY 11869 18110 11810 1811 1880		
2. Mailing Autoress 2. Mailing Autoress 3. A. Fill Number 65-CAC6788   Accorded For 64-Applicable Accorded For 65-CAC6788   Accorded For 65-CAC6788   Accorded For 65-CAC6788   Accorded For 65-CAC6788   Accorded For 64-CAC6788   Accorded For 65-CAC6788   Accorded For 65-CAC678   Accorded								
Suite, Apt. P. olic.    Suite, Apt. P. olic.							3a. Date of Last 02/08/	Report 1995
Solve, Apr. 8, etc.   27   Subs. Apr. 8, etc.   27   Subs. Apr. 8, etc.   27   Additional Crys. 5 States   27   28   27   28   28   28   28   29   29   20   20   20   20   20   20		lace of Business	<b>├</b> ─					Applied For
20   Country   2   Country   2   Country   2   Country   2   Country   2   2   2   2   2   3   Country   6   Electron Campaign Finerer   2   \$5.00 May 8e Added to Fees   2   2   2   2   3   Country   6   This corporation is labelity for intropible face under 6   199.032, Friends Statuture   10   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   10   Name and Address of Name Registered Agent   10   Name and Name	J	# 610	<del></del>			0070400706		Not Applicable
The Country	22		27			5. Certificate of Status Desired		
Country   Zip   Country   Zip   Sign   B. The corporation has failbility for interrigible tax under it. 199 (032, 190 (032))   Signed Address of Current Registered Agent   Signed Address of Current Registered Agent   Signed Address of New R	City & Stat	€	— ·					
9. Name and Address of Current Registered Agent  KANE, STANLEY B 539 NORSOTA WAY SARASOTA FL 34242  80  64 Cry FL 85 Street Address (P.O. Box Number is Not Acceptable)  80  64 Cry FL 85 Street Address (P.O. Box Number is Not Acceptable)  81. Pursuant to the provisions of Socione 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 this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am transfer with, and accept the Other of Production of Section 167,000, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I am transfer with a purpose of production of Section 167,000, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am transfer with a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of changing its registered agent. I am a purpose of the control of the proposed of the purpose of	Zip 24	<u> </u>	Zip	<u> </u>	******	8. This corporation has liability for in	tangible tax under s	
KANE, STANLEY B 539 NORSOTA WAY SARASOTA FL 34242  80  61  62  63  64  City  FL  65  65  65  66  City  FL  65  67  67  68  68  68  68  68  City  FL  68  68  68  68  City  FL  68  68  68  68  68  City  FL  68  68  68  68  68  68  68  68  68  6				[30]				
SARASOTA FL 34242  11. Pursuant to the provisions of Sections 617 (0502 and 617.1508, Florida Statities, the above named corporation authmits this statement for the purposed of changing its registered office familiar with, and accept the objections of Sections 617 (0502 and 617.1508, Florida Statities, the above named corporation authmits this statement for the purposed of changing its registered office familiar with, and accept the objections of Sections 617 (0502) and 617.1508, Florida Statities because of directors. I hereby accept the appointment as registered office familiar with, and accept the objections of Sections 617 (0503). Florida Statities in the appointment as registered office familiar with, and accept the objections of Sections 617 (0502). Florida Statities in the State of Plorida Statities, the above remed corporation authmits this statement for the purposed of changing its statement for the purposed depart. I am Statement of the statement of the provision of the provision of the provision of the seguitive diagrat. I am Statement of the seguitive diagrat. I am Statement of the seguitive diagrat. I am Statement of the provision of the seguitive diagrat. I am Statement of the seguitive diagrat				81	Name	10. Hante Bilo Acciess Of New Ne	Sisteren Wastir	
SARASOTA FL 34242  11. Pursuant to the provisions of Sections 617 (0502 and 617.1508, Florida Statities, the above named corporation authmits this statement for the purposed of changing its registered office familiar with, and accept the objections of Sections 617 (0502 and 617.1508, Florida Statities, the above named corporation authmits this statement for the purposed of changing its registered office familiar with, and accept the objections of Sections 617 (0502) and 617.1508, Florida Statities because of directors. I hereby accept the appointment as registered office familiar with, and accept the objections of Sections 617 (0503). Florida Statities in the appointment as registered office familiar with, and accept the objections of Sections 617 (0502). Florida Statities in the State of Plorida Statities, the above remed corporation authmits this statement for the purposed of changing its statement for the purposed depart. I am Statement of the statement of the provision of the provision of the provision of the seguitive diagrat. I am Statement of the seguitive diagrat. I am Statement of the seguitive diagrat. I am Statement of the provision of the seguitive diagrat. I am Statement of the seguitive diagrat	KANE. S	STANLEY B						
SARASOTA FL 34242    S3					Street Add	iress (P.O. Box Number is Not Acceptable	)	
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, 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, 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, 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, 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 office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office. I had accept the appointment as registered office or board of directors. I had accept the appointment as registered office. I had accept the accept of the		· · · · · · · · · · · · · · · · · · ·		83				
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, 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, 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, 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, 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 office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office or board of directors. I hereby accept the appointment as registered office. I had accept the appointment as registered office or board of directors. I had accept the appointment as registered office. I had accept the accept of the				ļ		No.		
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 apent, or both, in the State of Florida. Such change was unthrived by the corporation's board of directors. I hereby accept the appointment as registered agent. I am formation with, and accept the obligations of, Section 817.0503, Florida Statutes.  SIGNATURE  SUMME  12.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  PTD				64	City		E1 85 Zi	p Code
SIGNATURE    PTD	11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the above-n	amed corpo	ration submits this statement for the ouro		registered office
SIGNATURE    Signature bytes of prohabit anne of registrated agent and file if application   NOTE   Registration agent are already and an agent and an agent are already and agent agent are already and agent agent and agent are already and agent agent and agent agent agent and agent	O registe	eo agent, or both, in the state of Fior	ida. Such chance was authori	zea by the corbo	ration's boa	and of directors. I hereby accept the appoint	ntment as registered	agent. I am
Signature Expedited agent and title if appleasable (NOTE: Replace) (NOTE: Repl		m, and assopt the obligations of, coo	Mon on .0000, Honda Blatate	o.				
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DREWARD  KANE, STANLEY B  539 NORSOTA WAY  SARASOTA FL  13 STREET ADDRESS  SARASOTA FL  14 CHY-ST-2P  INTE  WPSD  CHANGE  KANE, JANET  539 NORSOTA WAY  23 STREET ADDRESS  539 NORSOTA WAY  33 STREET ADDRESS  631 GULF OF MEXICO BLVD  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  Addition  MAKE  CHANGE  CHANGE  Addition  CHANGE  CHANGE  Addition  CHANGE  CHANGE  Addition  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IT IT IT.  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES  ADDITIONS/C	SIGNATURE	Signature typed or printed name of registered agen	t and title if applicable (N	OTE: Registered Agent	signature require	od when reinstating)	DATE	
KANE, STANLEY B  S39 NORSOTA WAY  S39 NORSOTA WAY  SARASOTA FL  ILA CITY-ST-2P  MAME  KANE, JANET  S39 NORSOTA WAY  S39 STREET ADDRESS  S39 NORSOTA WAY  S39 NORSOTA WAY  S39 NORSOTA WAY  S39 STREET ADDRESS  S40 CITY-ST-2P  MAME  KANE-HARTINETT, BETSY  G131 GULF OF MEXICO BLVD  S30 STREET ADDRESS  G131 GULF OF MEXICO BLVD  S30 STREET ADDRESS  G131 GULF OF MEXICO BLVD  S30 STREET ADDRESS  G14-ST-2P  MAME  KANE-HELLWEG, PRISCILLA  S10 CITY-ST-2P  MAME  KANE, KATHERINE  S10 CITY-ST-2P  MAME  S10 STREET ADDRESS  FREE UNION VA  S10 CITY-ST-2P  MAME  S10 STREET ADDRESS  S10 STREE	12.							DRS IN 12
STREET ADDRESS SARASOTA FL  1.3 STREET ADDRESS SARASOTA FL  1.4 CITY-S1-ZPP  KANE, JANET SARASOTA FL  Change   Addition  KANE, JANET SARASOTA FL  Change   Addition  KANE, JANET SARASOTA FL  2.3 STREET ADDRESS SARASOTA FL  2.4 CITY-S1-ZPP  JOHNST-12PP  AMAE  KANE-HARTINETT, BETSY GIREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS GIAST ST.2PP  GILE  D  Change   Addition  KANE-HELLWEG, PRISCILLA  ASTREET ADDRESS STREET ADDRESS HOLYOKE MA  KANE-HELLWEG, PRISCILLA  4.2 PAMAE  STREET ADDRESS HOLYOKE MA  KANE-HELLWEG, PRISCILLA  4.3 STREET ADDRESS HOLYOKE MA  4.4 CITY-S1-ZPP  D  Change   Addition  KANE, KATHERINE  BRAEBURN FARM  5.3 STREET ADDRESS BRAEBURN FARM  5.3 STREET ADDRESS BRAEBURN FARM  FREE UNION VA  5.4 CITY-S1-ZPP  GRAME  6.3 STREET ADDRESS BRAEBURN FARM  5.3 STREET ADDRESS BRAEBURN FARM  6.3 STREET ADDRESS BRAEBURN FARM  FREE UNION VA  5.4 CITY-S1-ZPP  Addition  Change   Add	TOTLE		DELETE	1.1 TITLE				
SARASOTA FL  1.4 CITY_ST-ZPP  SARASOTA FL  1.4 CITY_ST-ZPP  SARASOTA FL  1.4 CITY_ST-ZPP  1.5 CITY_ST-ZPP  1.4 CITY_ST-ZPP  1.5 CITY_ST-ZPP  1.5 CITY_ST-ZPP  1.6 Change	NAME	Kane, Stanley B		1.2 NAME			-	_
Change   Addition	STREET ADDRESS			1.3 STREET	ADDRESS			
KANE, JANET 539 NORSOTA WAY SARASOTA FL 22 NAME 23 STREET ADDRESS SARASOTA FL 22 NAME 23 STREET ADDRESS SARASOTA FL 24 CITY-ST-ZPP  DELETE 31 TITLE Change Addition MAME KANE-HARTNETT, BETSY 32 NAME STREET ADDRESS CITY-ST-ZPP LONGBOAT KE 33 STREET ADDRESS CITY-ST-ZPP LONGBOAT KE 34 CITY-ST-ZPP LONGBOAT KE 41 TITLE Change Addition KANE-HELLWEG, PRISCILLA 42 NAME 42 NAME 44 CITY-ST-ZPP LOLYOKE MA 44 CITY-ST-ZPP LOLYOKE MA 44 CITY-ST-ZPP LOLYOKE MA 53 STREET ADDRESS CITY-ST-ZPP LOLYOKE MA 54 STREET ADDRESS CITY-ST-ZPP LOLYOKE MA 55 STREET ADDRESS BRAEBURN FARM 55 STREET ADDRESS FREE UNION VA 56 STREET ADDRESS FREE UNION VA 57 STREET ADDRESS FREE UNION VA 58 STREET ADDRESS CITY-ST-ZPP LOLYOKE MA 59 STREET ADDRESS FREE UNION VA 59 STREET ADDRESS FREE UNION VA 50 STREET ADDRESS CITY-ST-ZPP LOLYONG CONTROL OF THE ORDERS CONTROL OF THE ORDER ORD	City-St-Zip			1.4 CITY - ST	- ZIP			
STREET ADDRESS DITY-ST-ZIP SARASOTA FL  D DELETE 31 TITLE D CHange Addition KANE-HARTNETT, BETSY 6131 GULF OF MEXICO BLVD 33 STREET ADDRESS DITY-ST-ZIP LONGBOAT KE  D DELETE 41 TITLE D CHange Addition KANE-HELLWEG, PRISCILLA 1036 NORTHAMPTON ST HOLYOKE MA 44 CITY-ST-ZIP HOLYOKE MA 44 CITY-ST-ZIP  MAME KANE, KATHERINE BRAEBURN FARM 51 STREET ADDRESS DITY-ST-ZIP FREE UNION VA 54 CITY-ST-ZIP  DELETE 61 TITLE 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP  14. I do hereb; certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and securate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and securate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and securate and that my signature shall have the same legal effect as if made under certify that I am an officer or director or the corporation or the receiver or trusted or power at the proof as required by Chapter 107. Security Statutes and that the corporate security in the proof as required by Chapter 107. Security Statutes and that the corporate security in the proof as required by Chapter 107. Security Statutes and that the corporate security in the proof as required by Chapter 107. Security Statutes and that the corporate security in the proof as required by Chapter 107. Security Statutes and that the corporate security in the proof as required by Chapter 107. C	3J1IT		DELETE	2.1 TITLE			☐ Change	☐ Addition
SARASOTA FL  2 4 CITY-ST-ZIP  D  CHAME  D  CHANGE  KANE-HARTNETT, BETSY 6131 GULF OF MEXICO BLVD 33 STREET ADDRESS CHY-ST-ZIP  LONGBOAT KE  D  KANE-HELLWEG, PRISCILLA 4 2 NAME KANE-HELLWEG, PRISCILLA 4 3 STREET ADDRESS CHY-ST-ZIP  HOLYOKE MA  44 CITY-ST-ZIP  D  CHANGE  CHANGE  STREET ADDRESS CHY-ST-ZIP  D  CHANGE  D  CHANGE  Addition  AMME  KANE, KATHERINE BRAEBURN FARM FREE UNION VA  DELETE  61 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  CHANGE ADDRESS CHY-ST-ZIP  CHANGE  62 NAME  63 STREET ADDRESS CHY-ST-ZIP  FREE UNION VA  DELETE  61 TITLE  Change Addition	NAME	T		2.2 NAME				
DELETE 31 TITLE 32 NAME ANE-HARTNETT, BETSY 32 NAME 33 STREET ADDRESS 6131 GULF OF MEXICO BLVD 34 CITY-ST-ZIP 6131 GULF OF MEXICO BLVD 34 CITY-ST-ZIP 6131 GULF OF MEXICO BLVD 34 CITY-ST-ZIP 6131 GULF OF MEXICO BLVD 35 STREET ADDRESS 6136 NORTHAMPTON ST 43 STREET ADDRESS 614 CITY-ST-ZIP 61 TITLE 7 Change Addition 61 GULF 61 TITLE 7 Change Addition 62 NAME 63 STREET ADDRESS 614 CITY-ST-ZIP 61 TITLE 7 Change Addition 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 61 TITLE 7 Change Addition 64 CONTROL OF MEXICO BLUE 65 STREET ADDRESS 64 CITY-ST-ZIP 61 TITLE 7 Change Addition 65 NAME 65 STREET ADDRESS 65 STREET ADDRESS 65 NAME 65	STREET ADDRESS	539 NORSOTA WAY		2.3 STREET	ADDRESS			
KANE-HARTNETT, BETSY 6131 GULF OF MEXICO BLVD 33 STREET ADDRESS CITY-ST-ZIP LONGBOAT KE 34 CITY-ST-ZIP CHARE CHARELLWEG, PRISCILLA 42 NAME KANE-HELLWEG, PRISCILLA 43 STREET ADDRESS CITY-ST-ZIP HOLYOKE MA 44 CITY-ST-ZIP LONGBOAT KE 31 CITY-ST-ZIP HOLYOKE MA 44 CITY-ST-ZIP LONGBOAT KE 33 STREET ADDRESS CITY-ST-ZIP LONGBOAT KE 34 STREET ADDRESS CITY-ST-ZIP LONGBOAT KE 35 STREET ADDRESS CITY-ST-ZIP LONGBOAT KE 36 STREET ADDRESS CITY-ST-ZIP LONGBOAT KE 37 STREET ADDRESS CITY-ST-ZIP LONGBOAT KE 38 STREET ADDRESS CITY-ST-ZIP LONGBOAT KE 38 STREET ADDRESS CITY-ST-ZIP LONGBOAT KE 38 STREET ADDRESS CITY-ST-ZIP LONGBOAT KE Change Addition Add	CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - S	r-ZIP			
STREET ADDRESS   CITY-ST-ZIP   CONGROAT KE	TITLE	_	DELETE	3.1 TITLE			Change	Addition
LONGBOAT KE  D DELETE  ANME  KANE-HELLWEG, PRISCILLA  1036 NORTHAMPTON ST  HOLYOKE MA  ACITY-ST-ZIP  THLE  D DELETE  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Change  Addition  Add	NAME			3.2 NAME	ĺ			
THE D DELETE 41 TITLE 4 NAME  KANE-HELLWEG, PRISCILLA 4 2 NAME  STREET ADDRESS 1036 NORTHAMPTON ST 43 STREET ADDRESS 50TY-ST-ZIP  HOLYOKE MA 44 CITY-ST-ZIP  HOLYOKE MA 44 CITY-ST-ZIP  HOLYOKE MA 53 STREET ADDRESS 54 CITY-ST-ZIP  HOLYOKE MA 53 STREET ADDRESS 54 CITY-ST-ZIP  HOLYOKE MA 54 CITY-ST-ZIP  HOLYOKE MA 65 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP  HOLYOKE MA 65 NAME 65 NAME 66 STREET ADDRESS 54 CITY-ST-ZIP  HOLYOKE MA 66 NAME 66 STREET ADDRESS 54 CITY-ST-ZIP  HOLYOKE MA 66 NAME 66 STREET ADDRESS 54 CITY-ST-ZIP  HOLYOKE MA 66 NAME 66 STREET ADDRESS 54 CITY-ST-ZIP  HOLYOKE MA 66 NAME 66 STREET ADDRESS 54 CITY-ST-ZIP  HOLYOKE MA 67 NAME	STREET ADDRESS		D	3 3 STREET A	NDORESS			
KANE-HELLWEG, PRISCILLA  1036 NORTHAMPTON ST  HOLYOKE MA  4 2 NAME  4 3 STREET ADDRESS  CITY-ST-ZIP  HOLYOKE MA  4 CITY-ST-ZIP  D  Change Addition  Addition  KANE, KATHERINE  52 NAME  SHEET ADDRESS  CITY-ST-ZIP  FREE UNION VA  54 CITY-ST-ZIP  Change Addition  Change Addition  Change Addition  Addition  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  64 CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee emogwred to execute this report as required by Chapter 612. Florida Statutes, and under coatt; that I am an officer or director of the corporation or the receiver or trustee emogwred to execute this report as required by Chapter 612. Florida Statutes, and that my signature shall have the same legal effect as if made under coatt; that I am an officer or director of the corporation or the receiver or trustee emogwred to execute this report as required by Chapter 612. Florida Statutes, and they my pages.	CITY-ST-ZIP			3.4. C(TY-\$)	-ZIP			
1036 NORTHAMPTON ST HOLYOKE MA  110E D D DELETE S.1 TITLE SAME SHEET ADDRESS BRAEBURN FARM FREE UNION VA  111E DELETE S.1 TITLE S.2 NAME STREET ADDRESS BRAEBURN FARM STREET ADDRESS BRAEBURN FARM STREET ADDRESS STREET	TITLE	_	<del>-</del>	4 1 TITLE			☐ Change	Addition
HOLYOKE MA  ### ### #### ######################	NAME			4 2 NAME				
THE D DELETE 5.1 TITLE	STREET ADDRESS			4.3 STREET A	DDRESS			
KANE, KATHERINE  STHEET ADDRESS  BRAEBURN FARM  FREE UNION VA  5.2 NAME  5.3 STREET ADDRESS  STREET ADDRESS  DTY-ST-ZIP  6.1 TITLE  6.3 STREET ADDRESS  DTY-ST-ZIP  6.3 STREET ADDRESS  DTY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  DTY-ST-ZIP  1.4. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this record as requiried by Chanter 617. Elvidic Statutes and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this record as required by Chanter 617. Elvidic Statutes and that my appear	CITY - ST - ZIP			4.4 CITY-ST	- ZIP			
STREET ADDRESS FREE UNION VA  5.4 CITY-ST-ZIP  TITLE  AME  AME  AME  AME  AME  AME  AND CERTIFY TO THE THE TO THE	TITLE	-	DELETE	5.1 TITLE			☐ Change	Addition
5.4 CITY-ST-ZIP  FREE UNION VA  5.4 CITY-ST-ZIP  6.1 TITLE  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  DTY-ST-ZIP  1.4. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Elevide Statutes and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Elevide Statutes and that my pages.	NAME			5.2 NAME				
DELETE 6.1 TITLE GRANGE Addition  6.2 NAME 6.3 STREET ADDRESS DITY-ST-ZIP  14. 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 coath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Florida Statutes and that my signature shall have the series end that my appear.	STHEET ADDRESS			5.3 STREET A	DDRESS			
6.2 NAME 6.3 STREET ADDRESS DITY- ST- ZIP 6.4 CITY- ST- ZIP 6.4 CITY- ST- ZIP 6.5 In 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 6.17. Florida Statutes, and that my appear	CITY - ST - ZIP	PHEE UNION VA			-2IP			
6.3 STREET ADDRESS DITY-ST-ZIP  14. 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Florida Statutes and that my signature shall have the same legal effect as if made under	TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
6.4 CITY-ST-ZIP  14. 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Florida Statutes; and that my appears the control of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Florida Statutes; and that my appears the control of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Florida Statutes; and that my appears the control of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Florida Statutes and the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617.	NAME			6.2 NAME				
14. 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 cath; that I am an officer or director of the corporation or the receiver or trustee emowered to execute this report as required by Chanter 17. Florida Statutes: and that my page.	STREET ADDRESS			6.3 STREET A	DORESS			
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 Chanter 617. Florida Shahites and that my page.	City-St-Zip	Loodify that the inferred and	Mil ali ti gri	6.4 CITY-ST	ZIP			
odul, that rain an officer of director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name	COLLIVERIA	i tre inionnaikin inidkaleki on inis ann	Hal record of subblemental and	THIS FARYOUT IS THE	200 2000	sto and that my pianature chall be a the e-		
SPANON DISTRICTOR OF A COLOR OF THE CHARLES OF THE TIME OF THE COLOR O	oaus, mac	i am an onicer of director of the corpo	oration or the receiver or truste	e empowered to	execute thi	is report as required by Chapter 617, Flori	da Statutes; and the	at my name

Stanley B. Kane, Pres. 1/22/96 941-349-8804