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 supplemental 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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the amount of the corporation of the corporation

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

TITLE NAME

SKOWINE DEFLURE Pressurer

☐ Delete

01/30/00 617.407.5020

☐ Addition

☐ Change