12. 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 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 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 changed, or on an attachment with an address, with all other like empowered.

NAME -

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

HUNT, JOSEPH O

ROCKLEDGE FL 32956

PO BOX 561245

NAME

TITLE

NAME. STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-7IP

Francisco ODZIMOWSKI

☐ Delete

January 24, 2000

Roy H. PEPPER

Orlando, 32835

2640 Tilton Court

321-752-7899

Oaytime Phone #

☐ Change

☐ Addition