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| Applied For North Applied by Surface Applied For North Applied By | A Discount | | | | | 10/05 | 5/1993 | 3a. Date 0 | of Last Report 12/1995 |
| Select Address of Status Desired SB.75 Additional Selection SB.75 Additional Selection Selec | | flace of Business | <u> </u> | . Mailing Address | | 4. FEI Numbe 59-32 | 20303 | | <u> </u> |
| 28 | 22 | | 27 | | | 5. Certificate | of Status Desired | | 8.75 Additional |
| Secret Address of Country Secret Address of New Registered Agent | :3 | | 28 | | | | | | |
| Second Address of Oursett Registered Agent 10. Name and Address of New Registered Agent | ¬ ' | 25 | | · | · · | | | | nder s. 199.032, |
| LACKMAN, GEORGE E FIRST UNION BANK 100 S ASHEY PRIVE, SUITE 1000 TAMPA FL 33602 11. Pursuant to the provisions of Sections 617 0202 and 617,1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing he registered office or regulated agent, or both, in the State of Fords. Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered agent. I am an an an analysis of the purpose of changing he registered office or regulated agent or both, in the State of Fords. Such change was authorized by the corporation's board of directors. I hereby accept the apportment as registered agent. I am an an analysis of the purpose of changing he registered office or programment as registered agent. I am an analysis of the purpose of changing he registered office or programment as registered agent. I am an an analysis of the purpose of changing he registered office or programment as registered agent. I am an analysis of the purpose of changing he registered agent. I am an an analysis of the purpose of changing he registered agent. I am an an an analysis of the purpose of changing he registered agent. I am an an an analysis of the purpose of changing he registered agent. I am an an an analysis of the purpose of changing he registered agent. I am an an an analysis of the purpose of changing he registered agent. I am an an an analysis of the purpose of changing he registered agent. I am an an analysis of the purpose of changing he registered agent. I am an an an analysis of the purpose of changing he registered agent. I am an an an an analysis of the purpose of changing he registered agent. I am an an an analysis of the purpose of changing he registered agent. I am an an an an analysis of the purpose of changing he registered agent. I am an an an an analysis of the purpose of changing he registered agent. I am an an an an an analysis of the purpose of changing he registered agent. I am an | | 9. Name and Address of Cu | rrent Regis | stered Agent | R1 None | 10. Name and | | | |
| TI. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered affect 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, I am a decopy the obligations of, Sciction 617.0502, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am a decopy the obligations of, Sciction 617.0502, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am a decopy the obligations of, Sciction 617.0502, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am a decopy the obligations of, Sciction 617.0502, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am a decopy the obligations of, Sciction 617.0502, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am a decopy the obligation of Sciction 617.0502, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am a decopy the obligation of Sciction 617.0502, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am a decopy the deposition of the purpose of changes agent. I am a decopy the appointment as registered agent. I am a decopy the appointment as registered agent. I am a decopy the appointment as registered agent. I am a decopy the appointment as registered agent. I am a decopy the appointment as registered agent. I am a decopy the appointment as registered agent. I am a decopy the appointment as registered agent. I am a decopy the purposition is the appointment as r | | | | | 82 Street | Address (P.O. Box Hum | nharis Not Acceptab | e)min zi s | 5 |
| The Pursuant to the provisions of Sections 617 0502 and 617.1508, Florids Statutes, the ebuse named corporation submits this statement for the purpose of changing its registered office familiar with, and accost the obligations of Section 617.0503, Florids Statutes, the ebuse named corporation submits this statement for the purpose of changing its registered office familiar with, and accost the obligations of Section 617.0503, Florids Statutes. SIGNATURE Signature Submits and submits this statement for the purpose of changing its registered office familiar with and accost the obligations of Section 617.0503, Florids Statutes. POT Submits and submits this statement for the purpose of changing its registered office familiar with a provided name of neglected agent. I am a provided name agent ag | | | | | 83 | | /20/96 010 | 17-035 | <u> </u> |
| SIGNATURE Total Superior S | 100 S A | SHLEY DRIVE, SUITE 1000 | | | | -05/ ***E | /20/96 010 31.25 | | |
| Stypation Department of Importance Appart and their increases Appartment of Importance App | 100 S A | SHLEY DRIVE, SUITE 1000 FL 33602 | 0502 and 61 | 7 1500 Florido Chot de | 84 City | *** | 61.25 | E1 8 | 5 Zip Code |
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| 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 the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same local effect as if within | 100 S A TAMPA 11. Pursuant or registe familiar v SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | SHLEY DRIVE, SUITE 1000 FL 33602 to the provisions of Sections 617.0 and agent, or both, in the State of 1th, and accept the obligations of, Signature, hyped or printed name of registered OFFICERS D/T BARBEN, ROBERT J P.O. BOX 1056 N/A AVON PARK FL 33825 D BENNETT, MICHAEL S 7011-301 BLVD. SARASOTA FL 34243 D BLACK, RONALD J 1063 NORMANDY TRACE TAMPA FL 33602 D CREWS, JERALDINE F P.O. BOX 248 N/A WAUCHULA FL 33873 D FISHER, HERBERT R 3601 W KENNEDY BLVD., TAMPA FL 33609 | agent and title if a AND DIRECT | Applicatio (NC DTORS DELETE DELETE DELETE DELETE DELETE | B4 City es, the above named cod by the corporation's 13. 13. 13. 13. 13. 13. 13. 13 | orporation submits this is board of directors. The board of directors. The ADDITIONS D MCKOWN, B 302 S. Ma. Lakeland, D Mickler, D Mickler, D Box 44 Tampa, FL Sahlman, C 1601 Sahlman, FL Satchel, D Stewart, D S | statement for the purple with approximately accept the acceptance of the accep | PL 8 pose of changing intrend as region of changing intrend as region of changing interest as region of changing in the chang | 5 Zip Code ng its registered office stered agent. I am RECTORS IN 12 hange Addition hange Addition hange Addition hange Addition hange Addition |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BD BHITR Day 3/7/96

SIGNATURE: