

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90367 018 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
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| <b>DOCUMENT # N95000002116</b><br>1. Entity Name<br><b>THE FLORIDA CHAPTER OF THE SECOND MARINE DIVISION ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                    |                                                                                                                                                                                     |  |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| Principal Place of Business<br><b>10265 ULMERTON RD #116<br/>LARGO, FL 33771 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                    | Mailing Address<br><b>10265 ULMERTON RD #116<br/>LARGO, FL 33771 US</b>                                                                                                             |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | 3. Mailing Address                                                                 |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | Suite, Apt. #, etc.                                                                |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | City & State                                                                       |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | Country                                                                            |                                                                                                                                                                                     | Zip                                                                               |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | Country                                                                            |                                                                                                                                                                                     | 01162006 Chg-NP CR2E037 (11/05)                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                    |                                                                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                            |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                    |                                                                                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                             |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCHULTZ, ROBERT H<br/>10265 ULMERTON RD #116<br/>LARGO, FL 33771</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Numbers Not Accepted)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| SIGNATURE _____<br><small>Signature must be printed and signed by registered agent or director. (Type name) (NOTE: Registered Agent signature required when changing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                                                                                     | <b>\$5.00 May Be Added to Fees</b>                                                |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHULTZ, ROBERT H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10265 ULMERTON RD #116</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>LARGO, FL 33771</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOYCE, HAROLD L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6307 HWY A1A #263</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>MELBOURNE BEACH, FL 32951</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KRUGER, ROBERT E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4750 COVE CIRCLE #904</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>MADEIRA BEACH, FL 33708</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CROFT, EARL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3403 MAZUR DR</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>MELBOURNE, FL 32901</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PURINTON, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4550 SE CR 337</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>MORRISTON, FL 326683551</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BUCK OWINGS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>755 ONYX DR NE</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>PALM BAY, FL 32905</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  | TITLE | DST | <input type="checkbox"/> Delete | NAME | SCHULTZ, ROBERT H |  | STREET ADDRESS | 10265 ULMERTON RD #116 |  | CITY, ST, ZIP | LARGO, FL 33771 |  | TITLE | T | <input type="checkbox"/> Delete | NAME | BOYCE, HAROLD L |  | STREET ADDRESS | 6307 HWY A1A #263 |  | CITY, ST, ZIP | MELBOURNE BEACH, FL 32951 |  | TITLE | VP | <input checked="" type="checkbox"/> Delete | NAME | KRUGER, ROBERT E |  | STREET ADDRESS | 4750 COVE CIRCLE #904 |  | CITY, ST, ZIP | MADEIRA BEACH, FL 33708 |  | TITLE | T | <input type="checkbox"/> Delete | NAME | CROFT, EARL |  | STREET ADDRESS | 3403 MAZUR DR |  | CITY, ST, ZIP | MELBOURNE, FL 32901 |  | TITLE | TR | <input type="checkbox"/> Delete | NAME | PURINTON, ROBERT |  | STREET ADDRESS | 4550 SE CR 337 |  | CITY, ST, ZIP | MORRISTON, FL 326683551 |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY, ST, ZIP |  |  | TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | BUCK OWINGS |  | STREET ADDRESS | 755 ONYX DR NE |  | CITY, ST, ZIP | PALM BAY, FL 32905 |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY, ST, ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY, ST, ZIP |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DST                       | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SCHULTZ, ROBERT H         |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10265 ULMERTON RD #116    |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LARGO, FL 33771           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T                         | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BOYCE, HAROLD L           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6307 HWY A1A #263         |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MELBOURNE BEACH, FL 32951 |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VP                        | <input checked="" type="checkbox"/> Delete                                         |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | KRUGER, ROBERT E          |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4750 COVE CIRCLE #904     |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MADEIRA BEACH, FL 33708   |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T                         | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3403 MAZUR DR             |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MELBOURNE, FL 32901       |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TR                        | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PURINTON, ROBERT          |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4550 SE CR 337            |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MORRISTON, FL 326683551   |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | P                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BUCK OWINGS               |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 755 ONYX DR NE            |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PALM BAY, FL 32905        |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| <b>SIGNATURE:</b> <u>ROBERT H. SCHULTZ</u><br>Robert H. Schultz<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| <div style="display: flex; justify-content: space-between;"> <div>4-1-06</div> <div>727-581-6701</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                    |                                                                                                                                                                                     |                                                                                   |  |       |     |                                 |      |                   |  |                |                        |  |               |                 |  |       |   |                                 |      |                 |  |                |                   |  |               |                           |  |       |    |                                            |      |                  |  |                |                       |  |               |                         |  |       |   |                                 |      |             |  |                |               |  |               |                     |  |       |    |                                 |      |                  |  |                |                |  |               |                         |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |   |                                                                   |      |             |  |                |                |  |               |                    |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |