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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; t 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ARNOLD, KEITH DR. 702 S. 6TH STREET	DELETE	22 NAME 23 STREET ADDRESS 2.4 CHTY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP 6.1 TIFLE 6.2 NAME	ARSENE RAULTRE 1026 ORANGE AUE 1026 ORANGE AUE 1026 ORANGE FI 349,00 TD Etchange Addition Raymond Tatlegrain 1205 ORANGE AUE 1005 PIERUE FI 349,00 Change Addition VASTHIE DESOURCES 1207 TEXAS CH TT PIERCE FI 349,00 Change Addition

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