ANNUAL REPORT 1998	FILE NOW: FILING FEE IS \$61.25						FILED			
ANNUAL REPORT 1938	CORPORATION			Sandra B, Mortham			Mar 10 1998 8:00an			
TRANK B. FARM MEMORIAL SCHOLARSHIP FUND, INC.  Trincipal Place of Business Maing Assiess Cry & Busine					CORPORATIONS		Secretary of State			
Principal Place of Busines  Principal Place of Busines  Description		i namo		•	•					
Mailing Address         Mailing Address           Bob CALMO FLAND FL STYSE         So Exit BOAD STREET GOVELAND FL STYSE         So Exit BOAD STREET CIT A STREET GOVE STREET GOVELAND FL STYSE         So Exit BOAD STREET CIT A STREET GOVE STREET GOVELAND FL STYSE         So Exit BOAD STREET CIT A STREET GOVE STREET GOVELAND FL STYSE         So Exit BOAD STREET CIT A STREET GOVE STREET GOVELAND FL STYSE         So Exit BOAD STREET CIT A STREET GOVE STREET CIT A STREET GOV	LUWMV	D. FARN MEMORIAL SU	TULANON		<b>)</b> •					
GROVELAND FL 34738       GROVELAND FL 34738       GROVELAND FL 34738         2       Principal Pace of Business       12       Mining Address       1         3       State AAF # etc.       21       State AAF # etc.       1       State AAF # etc.       1         2       Chr & State       21       State AAF # etc.       1       Name and Address of Current Registered Agent       1       Name and Address of Current Registered Agent       1       Name and Address of Current Registered Agent       1       Name       1       Name       State Address (P.O. Box Number is Not Acceptable)       1       1       Name         RUCE, EFFERY A       7       Is the anaptic optic opti	Principal Place of Business Mailing Address						A TARITAN ALA BAHA MARTU ANTIT ANTIT	BOTT AFTER NUMERAL	81101 1181 1081 8	
Enclosed Process of Business     Some Apt # etc.     Some Apt							03/17/1997			
B. Certificate of Status Desired      Pres Provide the Status of th			_ :.							
Suite, Apt F, etc.         Suite Apt F, etc.           210         Country         apt         20         Country         1         Is this nonprofit corporation a homework associator?         Is this nonprofit corporation a homework associator?           210         210         Country         20         Country         1         Is this nonprofit corporation a homework associator?         Is this nonprofit corporation about the State State Appent         Is this nonprofit corporation about the State State Appent         Is this nonprofit corporation about the State State Appent         Is this nonprofit corporation about the State Appent         Is this nonprofit corporation about the State Appent         Is this nonprofit corporation about the state Appent the	-1 '	lace of Business					5. Certificate of Status Desired			
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B         Country         Zp         Country         Page         Country         Page         Country         Page	2 City & State	Ð		ity & State						
Ball 28     29     29     29     29     29     29     29     29     29     29     29     29     20	3 Zio	Country			Country		Ye	es KOKNo	·	
HCE, JEFFERY A       7429 COUNTY ROAD 6658         GROVELAND FL 34738       61         H1       Particular to the providions of Societion 617 10502 panel 617 1508. Floridal Statutes.         64       City         FL       82         64       City         64       City         64       City         64       City         65       Statutes.         66       City         67       City         68       Statutes.         69       City         64       City         65       Statutes.         66       City         67       City         68       City         69       City         60       City         61       City         70       City City Statutes.         71       PD         72       City City Statutes.         73       PD         74       Tith         75       POST OFFICE BOX 67         74       City Statutes.         75       POST OFFICE BOX 67         74       City Statutes.         75       POST OFFICE BOX 67	A	25	29				Personal Property Tax due June 30.	Yes 1		
PICE, JEFFERY A 7429 COUNTY ROAD 658B GROVELAND FL 34738       #1         FI. Pureuant to the provisions of Sections 617 0502 and 617.1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registere office or registered again, to tokin, if the State of Florida, State change was authorized by the corporation's board of directors. Thereby accept the applications of Section 75:000. Florida Statutes, the above named corporation's board of directors. Thereby accept the applications of Sections 617.0500. Florida Statutes, the above named corporation's board of directors. Thereby accept the applications of Section 75:000. Florida Statutes, the above named corporation's board of directors. Thereby accept the application are directors in the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the application of Section 75:000. Florida Statutes, the above named corporation's board of directors. Thereby accept the application of Section 51:000. OFFICERS AND DIRECTORS         INTEL       PO       OFFICERS AND DIRECTORS       13.0000. Florida Statutes, the application application. Status application application application application application application application application application. Status application application application application application application application application. Status application applicatio		9. Name and Address of Curre	int Register	ed Agent	81 Name		0. Name and Address of New Regist	lered Agent	. دی	
7426 COUNTY ROAD 6658 GROVELAND FL 34738       63         64       City       FL       65       Zip Code         71. Pursuent to the provisions of Sections 617 0502 and 617.1508. Fonds Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, an the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, an the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. An the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. An the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. An the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. An the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. An the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. An the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. An the State of Fonds, Such change was authorized by the corporation's board of directors. The appointment as registered agent. An thereby accept the appointment as registered agent. An thereby accept the appointment as registered agent. An an thereby accept the appointment astregistered agent. An antipy of the corporation's corpor	RICE. JE						(P.O. Pay Number in Net Acceptable)			
If City       If City       If City       If City         If City       City <td col<="" td=""><td></td><td></td><td></td><td></td><td></td><td>Address</td><td>(P.O. Box Number is Not Acceptable)</td><td></td><td></td></td>	<td></td> <td></td> <td></td> <td></td> <td></td> <td>Address</td> <td>(P.O. Box Number is Not Acceptable)</td> <td></td> <td></td>						Address	(P.O. Box Number is Not Acceptable)		
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TI. Function for providence of Sections 617 0502 and 617 1506. Florida Statutes, the above-nerved control to the providence of the above-nerved control to the above-nerved control to the providence of the above-nerved conthe above-nerved conthe above-nerved control t					84 City			FL 85 Zip	Code	
SIGNATURE       Expanse type or profiled name of requirement exponent and the interpotential.       (MOTE Propilition Agent Expanse or required advert interpotential.       Date         12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         TITLE       PO       DELETE       1.1 Intre       D       Change       XXAdditik         SIRET ADDRESS       POST OFFICE BOX 67       N/A       12 MMAK       Stephen W. Parrish       Change       XXAdditik         SIRET ADDRESS       Clermont, FL       34711       Change       XXAdditik         NWE       GROVELAND FL 34738       DELETE       2.1 Intre       D       Mark I. McLin       Stephen W. Parrish         NWE       GROVELAND FL 34738       DELETE       2.1 Intre       D       Mark I. McLin       Mark I. McLin         SIGET ADDRES       1343 KANSAS AVENUE       2.3 STRET ADDRESS       1910 Brantley Circle       Mark I. McLin	11. Pursuant I	to the provisions of Sections 617.05	02 and 617.	1508, Florida Statu	ites, the above-named	corpora	tion submits this statement for the purp	ose of changing i	ts registered	
Bigaux, Bysid or primed new of registrated approximation of registrated approximation in metalogical constrained approximation in the information in there in the informatio	agent. I ar	n familiar with, and accept the obli	gations of, S	ection 617.0503, F	lorida Statutes.	poration	s board of directors. I hereby accept in	е арроплітелі аз	registereo	
TITLE       PD       I DELETE       11 TITLE       D       I Change       KI Addition         NAME       RICE, JEFFERY A       Stephen W. Parrish       Stephen W. Stephen W. Parrish       Stephen W. Parrish       Stephen W. Parrish       Stephen W. Stephen W. Parrish       Stephen W. Step	SIGNATURE _	Signature, typed or printed name of registered a	gent and tille if ap	oplicable (NC	TE. Registered Agent signature	e required w				
WWE       RICE, JEFFERY A       12 MME       Stephen W. Parrish         STREET ADDRESS       OROVELAND FL 34738       1340 Highway 27       1340 Highway 27         ITTLE       UPD       DELETE       21 MME       1340 Highway 27         STREET ADDRESS       GROVELAND FL 34738       DELETE       21 MME       1340 Highway 27         ITTLE       UPD       DELETE       21 MME       1340 Highway 27         STREET ADDRESS       GROVELAND FL 34738       DELETE       21 MME       1910 Brantley Circle         STREET ADDRESS       GROVELAND FL 34736       24 GTM-SI-2P       Ciermont, FL 34711       Demostress         WWE       STREET ADDRESS       1119 Preston Cove Road       GROVELAND FL 34736       1119 Preston Cove Road         STREET ADDRESS       GROVELAND FL 34736       DELETE       41 MTE       1119 Preston Cove Road         STREET ADDRESS       GROVELAND FL 34736       Ciermont, FL 34711       Change Addition         STREET ADDRESS       GROVELAND FL 34738       Ciermont SL 2P       Ciermont SL 2P         STREET ADDRESS       STREET ADDRESS       GROVELAND FL 34738       Ciermont SL 2P         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       Ciermont FL 34711       Change Addition         STREET ADDRESS       STREE	12.		ND DIRECTO			T n	ADDITIONS/CHANGES TO OFFICERS			
STRET ADDRESS       POST OFFICE BOX 67       N/A         GTT-ST-2P       GROVELAND FL 34738       140TY-ST-2P       Clermont, FL 34711         TITLE       VPD       DELETE       21 NTLE       D       Chernont, FL 34711         STRET ADDRESS       1143 KANSAS AVENUE       23 STRET ADDRESS       1910 Brantley Circle       Clermont, FL 34711         STRET ADDRESS       1143 KANSAS AVENUE       23 STRET ADDRESS       1910 Brantley Circle       Clermont, FL 34711         STRET ADDRESS       100LETE       21 NTLE       D       Clermont, FL 34711       Cherge XX Addition         STRET ADDRESS       470 WALDO STREET       33 STRET ADDRESS       11119 Preston Cove Road       Grove Law         STRET ADDRESS       200 EAST BROAD STREET       34 CITY-ST-2P       Clermont, FL 34711       Change Addition         MWE       STORY, MIRIAM R       42 WAVE       32 STRET ADDRESS       11119 Preston Cove Road         STRET ADDRESS       200 EAST BROAD STREET       44 CITY-ST-2P       Clermont, FL 34711       Change Addition         MWE       STRET ADDRESS       35 STRET ADDRESS       53 STRET ADDRESS       53 STRET ADDRESS       53 STRET ADDRESS       53 STRET ADDRESS         STRET ADDRESS       200 EAST BROAD STREET       54 CHATY-ST-2P       CLEMMONT FL 34711       Change <t< td=""><td>NAME</td><td></td><td></td><td></td><td></td><td>1 -</td><td>phen W. Parrish</td><td></td><td><b>KEACOURO</b></td></t<>	NAME					1 -	phen W. Parrish		<b>KEACOURO</b>	
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STREET ADDRESS       470 WALDO STREET       33 STREET ADDRESS       11119 Preston Cove Road         GROVELAND FL 34738       34. CITY-ST-ZIP       Clermont, FL 34711         TITLE       S       DELETE       4.1 TITLE         NAME       STORY, MIRIAM R       200 EAST BROAD STREET       4.2 NAME         200 EAST BROAD STREET       4.3 STREET ADDRESS       200 EAST BROAD STREET       4.3 STREET ADDRESS         CITY-ST-ZIP       GROVELAND FL 34736       4.4 CITY-ST-ZIP       Clermont, FL 34736         TITLE       D       DELETE       5.1 TITLE       Change       Addition         NAME       BAILEY, DONALD A       5.2 NAME       5.3 STREET ADDRESS       CLERMONT FL 34711       Change       Addition         NAME       BAILEY, DONALD A       S.3 STREET ADDRESS       5.4 OTY-ST-ZIP       DELETE       5.1 TITLE       D       XIXI Change       Addition         NAME       BAILEY, DONALD A       S.5 STREET ADDRESS       5.3 STREET ADDRESS       S.5 STREET ADDRESS       S.5 STREET ADDRESS       CLERMONT FL 34711       DELETE       DELETE       S.5 STREET ADDRESS       S.5 STREET ADDRESS       PO Box 494 n/a       S.5 STREET ADDRESS       S.5 ST	TITLE	•-		DELETE	3.1 TITLE	D		Change	<b>K</b> Additio	
CHTY-ST-ZP       GROVELAND FL 34736       34. CITY-ST-ZP       Clermont, FL 34711         TITLE       STORY, MIRIAM R       IDELETE       4.1 TITLE       IDELETE         NAME       STORY, MIRIAM R       4.2 NAME       4.2 NAME         200 EAST BROAD STREET       4.3 STREET ADDRESS       COVELAND FL 34736       IDELETE         CITY-ST-ZP       GROVELAND FL 34736       4.4 CITY-ST-ZP         TITLE       D       IDELETE       5.1 TITLE         NAME       BAILEY, DONALD A       52 NAME         STREET ADDRESS       8510 BAILEY DRIVE       53 STREET ADDRESS         CITY-ST-ZP       CLERMONT FL 34711       S4 CITY-ST-ZP         TITLE       D       STREET ADDRESS       53 STREET ADDRESS         STREET ADDRESS       8510 BAILEY DRIVE       54 CITY-ST-ZP         CITY-ST-ZP       CLERMONT FL 34711       54 CITY-ST-ZP         NAME       LENNINGER, BOB L       62 NAME       Bob L. Leininger         STREET ADDRESS       1910 BRANTLEY CIRCLE       63 STREET ADDRESS       PO Box 494 n/a         CITY-ST-ZP       CLERMONT FL 34711       64 CITY-ST-ZP       Groveland, FL 34736         14. Thereby centify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), Fiorida Statutes. I further certify that the Inf	NAME	· · · · · · · · · · · · · · · · · · ·								
TITLE       S       DELETE       4.1 TITLE       Change       Addition         NAME       STORY, MIRIAM R       4.2 NAME       4.2 NAME       4.2 NAME         STREET ADDRESS       200 EAST BROAD STREET       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       Change       Addition         TITLE       D       DELETE       5.1 TITLE       Change       Addition         NAME       BAILEY, DONALD A       52 NAME       53 STREET ADDRESS       53 STREET ADDRESS       53 STREET ADDRESS         STREET ADDRESS       8510 BAILEY DRIVE       53 STREET ADDRESS       54 CITY-ST-ZIP       CLERMONT FL 34711       DELETE       5.1 TITLE       D         NAME       LEININGER, BOB L       52 NAME       53 STREET ADDRESS       90 Box 494 n/a       Addition         STREET ADDRESS       1910 BRANTLEY CIRCLE       63 STREET ADDRESS       PO Box 494 n/a       64 DITY-ST-ZIP       Groveland, FL 347.36         CITY-ST-ZIP       CLERMONT FL 347.11       64 DITY-ST-ZIP       Groveland, FL 347.36       TITLE       D         NAME       LEININGER, BOB L       63 STREET ADDRESS       PO Box 494 n/a       Groveland, FL 347.36       TITLE       Groveland, FL 347.36       TITLE       Groveland, FL 347.36       TITLE       Groveland, FL 347.36       TITLE       Groveland, FL 347.3										
NAME       STORY, MIRIAM R         STRET ADDRESS       200 EAST BROAD STREET         GROVELAND FL 34736       44 CITY-ST-2/P         TITLE       D         NAME       BAILEY, DONALD A         STRET ADDRESS       8510 BAILEY DRIVE         CITY-ST-Z/P       CLERMONT FL 34711         TITLE       D         NAME       BAILEY, DONALD A         STRET ADDRESS       8510 BAILEY DRIVE         CITY-ST-Z/P       CLERMONT FL 34711         DELETE       5.1 TITLE         D       DELETE         STRET ADDRESS       64 CITY-ST-Z/P         CLERMONT FL 34711       DELETE         STRET ADDRESS       1910 BRANTLEY CIRCLE         CITY-ST-Z/P       CLERMONT FL 34711         CLERMONT FL 34711       64 CITY-ST-Z/P         GTV-ST-Z/P       CLERMONT FL 34711         STRET ADDRESS       1910 BRANTLEY CIRCLE         GTY-ST-Z/P       Groveland, FL 34736         CLERMONT FL 34711       64 CITY-ST-Z/P         Groveland, FL 34736       64 CITY-ST-Z/P         Groveland, FL 34736<	TITLE		·	DELETE			rmont, FL 34/11	Change	Additio	
STREET ADDRESS       200 EAST BROAD STREET       43 STREET ADDRESS         GROVELAND FL 34736       44 CITY-ST-ZIP         TITLE       D       DELETE         NAME       BAILEY, DONALD A         STREET ADDRESS       8510 BAILEY DRIVE         CITY-ST-ZIP       CLERMONT FL 34711         D       DELETE         STREET ADDRESS       63 STREET ADDRESS         GITY-ST-ZIP       CLERMONT FL 34711         D       DELETE         STREET ADDRESS       64 CITY-ST-ZIP         CITY-ST-ZIP       DELETE         D       DELETE         STREET ADDRESS       64 CITY-ST-ZIP         STREET ADDRESS       1910 BRANTLEY CIRCLE         CITY-ST-ZIP       CLERMONT FL 34711         CITY-ST-ZIP       Groveland.FL 34736         CITY-ST-ZIP       Groveland.FL 34736         TITLE       D         NAME       LENINGER, BOB L         STREET ADDRESS       1910 BRANTLEY CIRCLE         CITY-ST-ZIP       Groveland.FL 34736         THE       D         Joindicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0). Florida Statutes. I further certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.	NAME	•				1				
D       DÉLETE       5.1 TITLE       Change       Addition         NAME       BAILEY, DONALD A       52 NAME       53 STREET ADDRESS       53 STREET ADDRESS         STRET ADDRESS       8510 BAILEY DRIVE       53 STREET ADDRESS       53 STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       CLERMONT FL 34711       54 CITY-ST-ZIP       54 CITY-ST-ZIP       54 CITY-ST-ZIP         NAME       LENNINGER, BOB L       61 TITLE       D       XIXI Change       Addition         STREET ADDRESS       1910 BRANTLEY CIRCLE       63 STREET ADDRESS       PO Box 494 n/a       CITY-ST-ZIP         CITY-ST-ZIP       CLERMONT FL 34711       64 CITY-ST-ZIP       Groveland       FL 34736         14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statutes. I further certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statutes. I further certify that the Information supplied with this filling does not qualify tor the exemption stated in Section 119.07(3)(0), Florida Statutes. I further certify that the Information supplied with the section 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 12 or Block 13 if changed, or of an Atlachment with an eddress. <td< td=""><td>STREET ADDRESS</td><td>200 EAST BROAD STREET</td><td></td><td></td><td>4.3 STREET ADDRESS</td><td> </td><td></td><td></td><td></td></td<>	STREET ADDRESS	200 EAST BROAD STREET			4.3 STREET ADDRESS					
NAME       BAILEY, DONALD A       52 NAME         STREET ADDRESS       8510 BAILEY DRIVE       53 STREET ADDRESS         CITY-ST-ZIP       CLERMONT FL 34711       54 CITY-ST-ZIP         TITLE       D       DELETE       6.1 TITLE         NAME       LEININGER, BOB L       6.2 NAME       Bob L. Leininger         STREET ADDRESS       1910 BRANTLEY CIRCLE       6.3 STREET ADDRESS       PO Box 494 n/a         CITY-ST-ZIP       CLERMONT FL 34711       6.4 CITY-ST-ZIP       6.7 CITY-ST-ZIP         14. Thereby 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 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 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 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 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 supplied with that in an 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 12 or Block 13 if changed, or of an Atlachment with an eddress.	CITY-ST-ZIP					<b> </b>	· · · · · · · · · · · · · · · · · · ·		Adalita	
STREET ADDRESS       8510 BAILEY DRIVE       53 STREET ADDRESS         CITY-ST-ZIP       CLERMONT FL 34711       54 DITY-ST-ZIP         TITLE       D       DELETE         NAME       LENNINGER, BOB L       53 STREET ADDRESS         STREET ADDRESS       1910 BRANTLEY CIRCLE       62 NAME         GITY-ST-ZIP       CLERMONT FL 34711       64 DTY-ST-ZIP         STREET ADDRESS       1910 BRANTLEY CIRCLE       63 STREET ADDRESS         CITY-ST-ZIP       CLERMONT FL 34711       64 DTY-ST-ZIP         GITY-ST-ZIP       CLERMONT FL 34711       64 DTY-ST-ZIP         GITY-ST-ZIP       CLERMONT FL 34711       64 DTY-ST-ZIP         Groveland       FL       347.36         Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0). Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same 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 12 or Block 13 if changed, or of an Attachment with an eddress.		•						r cusula		
CITY-ST-ZIP       CLERMONT FL 34711       5.4 CITY-ST-ZIP         DTITLE       D       DELETE       5.1 TITLE       D       XXI Change       Addition         NMAE       LEININGER, BOB L       DELETE       6.1 TITLE       D       XXI Change       Addition         STREET ADDRESS       1910 BRANTLEY CIRCLE       6.3 STREET ADDRESS       PO       Bob L.       Leininger         CITY-ST-ZIP       CLERMONT FL 34711       6.4 CITY-ST-ZIP       Groveland       FL       347.36         14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual 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 12 or Block 13 if changed, or of an Atlachment with an address.	STREET ADDRESS									
D       DELETE       0.1 TITLE       D       XXX       Change       Addition         NAME       LENNINGER, BOB L       51 TITLE       D       52 NAME       Bob L. Leininger       63 STREET ADDRESS       PO Box 494 n/a       63 STREET ADDRESS       PO Box 494 n/a       64 CITY-ST-ZIP       CLERMONT FL 34711       64 CITY-ST-ZIP       Groveland       FL 34736         14. Thereby 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; that I em 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 12 or Block 13 if changed, or of an Atlachment with an eddress.	CITY-ST-ZIP							<u> </u>		
STREET ADDRESS       1910 BRANTLEY CIRCLE       63 STREET ADDRESS       PO       Box 494       n/a         CITY-ST-ZIP       CLERMONT FL 34711       64 OTY-ST-ZIP       Groveland       FL       34736         14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I em 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 12 or Block 13 if changed, or of an attachment with an address.	TITLE	-		DELETE		1-		XIX Change	Additio	
CITY-ST-ZIP CLERMONT FL 34711 4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address.	NAME						-			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address.	- · · · · · · · · · · · · · · · · · · ·					1	•			
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 12 or Block 13 if changed, or of an attachment with an address.		ertify that the information supplied	with this filin	g does not qualify		ed in Sec	tion 119.07(3)(i), Florida Statutes.   furti	her certify that the	Information	
SIGNATURE: 1998 (352)429-3997	officer or o	director of the corporation or the re-	ceiver or trus	stee empowered to	curate and that my sig execute this report as	gnature s s required	nall have the same legal effect as it ma d by Chapter 617, Florida Statutes; and	ide under oath; th I that my name ap	at I am an pears in	
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