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Stute         32.007         Stute         Appendix for         Appendix for           City         Astronomic         Stute         County         Stute         Stute<	- · ·	1 al a cuneto	20 2a. Mailing Address / 790	ONWIZT GT	3. Date Incorporated or Qualife 04/17/1997	ed		
City & State, Count       City & State, Count       State, Device       \$5.75 Additional         Count       Zp       Count       Zp       Count       State, Device       \$5.00 May Be         20       Count       Zp       Count       State, Device       \$5.00 May Be         30       Address of Current Registered Agent       10       Name and Address of Wav Registered Agent       Address of Wav Registered Agent         WHITFIELD, TED       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         9038 S.W. 102 TERRACE       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         9038 S.W. 102 TERRACE       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         9038 S.W. 102 TERRACE       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         9038 S.W. 102 TERRACE       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         9038 S.W. 102 TERRACE       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         9038 S.W. 102 TERRACE       OfficeRS AND DIRECTORS       IO TO Regeamer Aperequovin movin movin movin movin movin movin mo				A CAR	4. FEI Number			
Zp       Zp <td< td=""><td></td><td>none</td><td>City &amp; State</td><td></td><td></td><td></td><td>\$8.75 A</td><td>dditional</td></td<>		none	City & State				\$8.75 A	dditional
9. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       WHITFIELD. TED     Simet Address (P.O. Box Number is Not Acceptable)       9036 SW. 102 TERRACE     31       GAMESVILLE FL 32608     32       11. Versuant 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 registered office or registered agent. Im State of Florids. State of Florid		Country	Zip	Country	6. Election Campaign Financin	g 🗍	-	
WHTFELD, TED       9036 S.W 102 TERRACE         GANESVILLE FL 32608       2         Street Address (P.O. Box Number is Not Acceptable)         83         84       City         9036 SW 102 TERRACE         84       City         9040 errorsplattered agent, and Bruits with, and accept the obligations of Section F 10:003, Fonds Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, and mains with, and accept the obligations of Section F 10:003, Fonds Statutes.         GNATURE       Buptowe spect or private raws or input error in a provisions of Section F 2000, Fonds Statutes.         Buptowe spect or private raws or input error in a provision of Section F 2000, Fonds Statutes.       INOTE Regenered Agent agents in an error input error in a provision of Section F 2000, Fonds Statutes.         CORTURE       DT       OFFICERS AND DIRECTORS         9036 SW 102 TERRACE       13.         ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         VST.20       OAMINSVILLE FL 32608         VST.20       DELETE         13.       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         21MARE       13.         VST.20       DELETE         13.       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         13.       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         13.	9.				10. Name and Address of Nev	v Registered	Agent	
Addition	9036 S.W. 10	02 TERRACE		82 Street Add	ress (P.O. Box Number is Not Acce	ptable)	· 	
Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes. the above named comporation submits this statement for the purpose of changing its registered agent. <i>C</i> in the state of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent. <i>C</i> in the state of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent. <i>C</i> in the state of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent. <i>C</i> in the state of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent. <i>C</i> in the state of the purpose of the appointment as registered agent. <i>C</i> in the state of the purpose of the appointment as registered agent. <i>C</i> in the state of the purpose of the appointment as registered agent. <i>C</i> is the provide the appointment as registered agent. <i>C</i> is the state of the purpose of the appointment as registered agent. <i>C</i> is the provide the appointment as registered agent. <i>C</i> is the provide the purpose of the appoint agent and the state of the appoint agent agent. <i>C</i> is the provide the appoint agent a	GAINESVILLE	FL 32608					85 Zip C	ode
office or registered agent, or tools, in the State of Forda. Such change was authorized by the comportation's board of directors. Interesty aucept to appoint any appoint and a registered agent agent and an accept the obligations of, Sectional Statutes     Supative types of primet reme al registered agent and the applicable     OFFICERS AND DIRECTORS     13     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     OFFICERS AND DIRECTORS     13     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     OFFICERS AND DIRECTORS     13     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     OFFICERS AND DIRECTORS     13     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     OFFICERS AND DIRECTORS     13     STREET ADDRESS     Some     ORANESVILLE FL 32608     Larms of registered agent and the applicable     Intrace     Office or primeter agent and the applicable     Intrace     Office or primeter agent and the applicable     Office or primeter agent								
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E       ROBINSON, G.E.       52 NAME         IT ADDRESS       1720 N.W. 12 STREET       53 STREET ADDRESS         ST-ZIP       GAINESVILLE FL 32609       54 CITY-ST-ZIP         Image: Delete the state of the composition of the receiver or trustee empowered to execute this report as required by Charles 617. 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 composition or the receiver or trustee empowered to execute this report as required by Charles 617. Florida Statutes. Induction that my name_oppears in	01	AINESVILLE FL 32609		4.4 CITY-ST-ZIP	Jome			
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EET ADDRESS EST-ZIP 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 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 Statutestend that my name appears in the same legal effect as if made under oath; the same and that my name appears in the same legal effect as if made under oath; that I am an other or trustee empowered to execute this report as required by Chapter 617, Florida Statutestend that my name appears in the same legal effect as if made under oath; that I am an other or trustee empowered to execute this report as required by Chapter 617, Florida Statutestend that my name appears in the same legal effect as if made under oath; that I am an other oath; th	0. 2.						Change	Addition
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-31-ZIP 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					Sime			
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oddi, that i and an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutesa and that my name appears in	/- \$T- ZIP							
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Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. Poston GE ROBINSON	indicated on t	this annual report or supplemental actor of the comporation or the rece	annual report is true and accurat iver or trustee empowered to exe	e and that my signatur	e shall have the same legal effect a lired by Chapter 617, Florida Statut	tespand that m	ly name appe	8111 811

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