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	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 barr, that i am an efficiency of the comparison or the receiver or this exponent or execute this report as required by Chapter 617. Florida Statutes; and that my name appears in	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / PD VERONICA DASIYA 2600 TARPON RD NAPLES FL 34102 VPD KATHI TIMMONS 573 RIDGE DR NAPLES FL 34108 TD ROBERTA PLATT 249 PINEHURST CIR NAPLES FL 34113 SD JACKIE GILLESPIE 421 A MEADOW LAKE LN NAPLES FL 34105	gations of, Section 617.050 gant and title if applicable. AND DIRECTORS DELE DELE DELE DELE	Statutes, the abc Statutes, the abc 3, Florida Statut (NOTE: Registered A 13, TE 1,1,1,11,11,11,11,11,11,11,11,11,11,11,	agent signature req agent signature req E E E E E E E E E E E E E	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a nured when reinstating) DAT ADDITIONS/CHANGES TO OFFICER VERONICA DASILVA	FL se of changing its appointment as reg SAND DIRECTO SAND DIRECTO Change Change	RS IN 12 Addition