SEROGES, RICHARD M 3656 1ST AVE. N. ST. PETERSBURG FL 33713  City ODE-55A  Signature productive dentity 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 the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of Florida agent agent agent agent agent agent agent agent agent agen	d For
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  \$8.75 Addition Fee Required Fee Required Fee Required Fee Required  Sircet Address of New Registered Agent  Sircet Address (P.O. Box Number is Not Acceptable)  City Dessa  Sircet Address (P.O. Box Number is Not Acceptable)  City Dessa  FL Zip Code 33.55  Sircet Address (P.O. Box Number is Not Acceptable)  City Dessa  FL Zip Code 33.55  Sircet Address (P.O. Box Number is Not Acceptable)  City Dessa  FL Zip Code 33.55  Sircet Address (P.O. Box Number is Not Acceptable)  City Dessa  FL Zip Code 33.55  City Dessa  FL Zip Code 33.55  Sircet Address (P.O. Box Number is Not Acceptable)  City Dessa  FL Zip Code 33.55  City Dessa  FL Zip Code 33.55  Sircet Address (P.O. Box Number is Not Acceptable)  City Dessa  FL Zip Code 33.55  Dessa  City Dessa  FL Zip Code 33.55  Dessa  City Dessa  FL Zip Code 33.55  Dessa  FL Zip Code 33.55  Dessa  City Signature required agent, or both, in the State of Florida. I am familiar with, and City Dessa  FL Zip Code 33.55  Dessa  FL Zip Code 33.55  Dessa  City Signature required agent, or both, in the State of Florida. I am familiar with, and City Dessa  FL Zip Code 33.55  Dessa  FL Zip Code 33.55  Dessa  City Signature required agent, or both, in the State of Florida. I am familiar with, and City Dessa  FL Zip Code 33.55  Dessa  Trust Fund Contribution.  Added to Change  Change  Change  Change  Change  Change  Change  Change  Change  City Signature required agent, or both, in the State of Florida. I am	d For
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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)  City ODESSA FL Zip Code 3355  City ODESSA FL Zip Code 3355  Signature Superal productive of equitiered agent.  (NOTE Registered Agent productived when relinstating)  After September 13, 2002 Fee will be \$750.00  Make Check Payable to Department of State  Delete MAKE  Delete MAKE  ODESSA FL 33556  Characteristics of Status Desired Agent positions of New Registered Agent.  Name JEFFREY G. LANE  Street Address (P.O. Box Number is Not Acceptable)  City ODESSA  FL Zip Code 3355  Delete MEADE BLVD.  OFFICERS AND DIRECTORS IN ITLE  NAME  Delete ITTLE  NAME  Delete ITTLE  NAME  OChange Change	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent.  GEROGES, RICHARD M  3656 1ST AVE. N.  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  Street Address (P.O. Box Number is Not Acceptable)  GELLE MEADE  TILE NOW!!! FEE IS \$550.00  Make Check Payable to Department of State  Trust Fund Contribution.  Added to ITILE  NAME  GEROGES.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  GELLE MEADE BLVD.  GELLE MEADE  GEROGES.  GERO	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City ODE:55A FL Zip Code 33:55  8. The 3 ove 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 the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of registered agent, or both, in the State of Florida. I am familiar with, and the office of register	
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ST. PETERSBURG FL 33713  City ODE55A FL Zip Code 33.5.5  8. The 2 gove 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 the obligations of registered agent.  SIGNATURE Signature Production is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  The observation of registered agent. (NOTE: Registered Agent signature requirement restricting)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  The observation of the corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  This corporation is eligible to satisfy its	
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Tax filing requirement and elects to do so.  (See criteria on back)  After September 13, 2002 Fee will be \$750.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  Delete  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME	_
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3. 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 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	ddition

SIGNATURE: