



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90035 004 \*\*\*150.00

| DOCUMENT # P01000052725   |                             |   |   |                       |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|---|-----------------------------|---|---|--|--|----------------------------|--|--|---|--|--|-------|-----------------------------|---------------------------------|-------|---------------------|--|------|---------------------|--|------|---------------------|--|----------------|---------------------|--|----------------|---------------------|--|-------------|--|--|-------------|--|--|-------|-----------------------------|---------------------------------|-------|-----|--|------|---------------------|--|------|---------------------|--|----------------|---------------------|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|------------------------|--|-------|--|---|------|---------------|--|------|--|--|----------------|---------------------|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| <b>1. Entity Name</b><br>CEDAR KEY SEED, INC.   |                             |   |   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>Principal Place of Business</b><br>1158 WHIDDEN AVENUE<br>CEDAR KEY, FL 32625  |                             |   | <b>Mailing Address</b><br>PO BOX 46<br>CEDAR KEY, FL 32625  |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>2. Principal Place of Business</b><br>1158 WHIDDEN AVENUE<br>Suite, Apt. #, etc.   |                             | <b>3. Mailing Address</b><br>1158 WHIDDEN AVENUE<br>Suite, Apt. #, etc. |   |                      |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>City &amp; State</b><br>CEDAR KEY, FL  |                             | <b>City &amp; State</b><br>CEDAR KEY, FL                                |   | <b>4. FEI Number</b><br>75-3024415   |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>Zip</b><br>32625   |                             | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>CAUSEY, KATHRYN F CPA<br>12421 S.R. 24<br>CEDAR KEY, FL 32625   |                             |   | <b>7. Name and Address of New Registered Agent</b><br>Name: NANCY MELINDA TELGEN<br>Street Address (P.O. Box Number is Not Acceptable): 1158 WHIDDEN AVENUE<br>City: CEDAR KEY FL Zip Code: 32625 |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>8. The above 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 accept the obligations of registered agent.</b><br>SIGNATURE: <i>Nancy M Telgen</i> DATE: 1/30/04<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                             |   |   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                             |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">PD<br/>TELGEN, DOUGLAS WAYNE</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">1158 WHIDDEN AVENUE</td> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">1158 WHIDDEN AVENUE</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">1158 WHIDDEN AVENUE</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">CEDAR KEY, FL 32625</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">CEDAR KEY, FL 32625</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">DS<br/>TELGEN, NANCY MELINDA</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">TSD</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">1158 WHIDDEN AVENUE</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">1158 WHIDDEN AVENUE</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">CEDAR KEY, FL 32625</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">T<br/>CAUSEY, KATHRYN F</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">12421 S.R. 24</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">CEDAR KEY, FL 32625</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> </table> |                             |   |   |  |  | 10. 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| TITLE   | PD<br>TELGEN, DOUGLAS WAYNE | <input type="checkbox"/> Delete   | TITLE   | 1158 WHIDDEN AVENUE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | 1158 WHIDDEN AVENUE         |   | NAME  | 1158 WHIDDEN AVENUE  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | CEDAR KEY, FL 32625         |   | STREET ADDRESS  | CEDAR KEY, FL 32625  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                             |   | CITY-ST-ZIP   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | DS<br>TELGEN, NANCY MELINDA | <input type="checkbox"/> Delete   | TITLE   | TSD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | 1158 WHIDDEN AVENUE         |   | NAME  | 1158 WHIDDEN AVENUE  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | CEDAR KEY, FL 32625         |   | STREET ADDRESS  |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                             |   | CITY-ST-ZIP   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | T<br>CAUSEY, KATHRYN F      | <input checked="" type="checkbox"/> Delete                              | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | 12421 S.R. 24               |   | NAME  |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | CEDAR KEY, FL 32625         |   | STREET ADDRESS  |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                             |   | CITY-ST-ZIP   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |                             | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |                             |   | NAME  |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                             |   | STREET ADDRESS  |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                             |   | CITY-ST-ZIP   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |                             | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |                             |   | NAME  |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                             |   | STREET ADDRESS  |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                             |   | CITY-ST-ZIP   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>12. 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 report or 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 director 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>  |                             |   |   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| SIGNATURE: <i>Nancy M Telgen</i> DATE: 1/30/04 (352) 543-5388<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>  |                             |   |   |  |  |                            |  |  |   |  |  |       |                             |                                 |       |                     |  |      |                     |  |      |                     |  |                |                     |  |                |                     |  |             |  |  |             |  |  |       |                             |                                 |       |     |  |      |                     |  |      |                     |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |                        |  |       |  |   |      |               |  |      |  |  |                |                     |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |