NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby 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 report or symplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director changed, or on an attachment with an iddless, with all other like empowered.

11.

TITLE

TITLE

NAME

ПΠЕ

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP