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Principal Place of Business Mailing Address PO Box 592 PAMOCA PL 1236	1. Entity Name						FILED				
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to desire the construction of the construction		Lecrtify that the information supplied	with this filing does not qualify for			ed in Section	119.07(3)(i), Florida Sta	atutes. I further certi	fy that the in	formation	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR