

FILED
Apr 29, 2004 08:00 AM
Secretary of State

1. Entry Name
HILL TRI-HY-RET, INC.



Figure 4.1: A graph

2550 S MELLONVILLE AVENUE
SANFORD, FL 32773



4. 電話號碼
04-3648936

Applied For
for Application

\$8.75 Additional
Fee Required

ROTH, LARRY M
399 CAROLINA AVENUE
#100
WINTER PARK FL FL327-89

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Stellen Sie sich vor, Sie sind ein Wissenschaftler, der die Auswirkungen von Stress auf das Immunsystem untersucht. Sie haben eine Gruppe von Probanden, die in einem stressigen Umfeld leben, und eine Gruppe, die in einem stressfreien Umfeld lebt. Sie messen die Anzahl der weißen Blutkörperchen (Leukozyten) im Blut. Die Gruppe in der stressigen Umgebung hat eine höhere Anzahl an Leukozyten. Was könnte die Ursache dafür sein?

[illegible]

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9. Election Campaign Financing and Trust Fund Contribution

\$5.00 May be
Added to Fees

NAME	D
LAST	ROTH, JERRY S
FIRST/INITIAL(S)	2650 S MELLONVILLE AVENUE
CITY/STATE/ZIP	SANFORD, FL 32773

FL *	D
NAME	ROTH, SUSAN G
ORG - 7440175	2650 S. MELLONVILLE AVENUE
ST - 01-72	SANFORD, FL 32773

TEL	0
NAME	ROTH, LARRY M
ORIGINATING	399 CAROLINA VE. #100
ADDRESS	WINTER PARK FL 32769

U_{max} 2.4×10^6 2.1×10^7 4.7×10^8 2.1×10^7 4.7×10^8	
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[illegible]

FILE	
DATE	
SUBJECT	
REMARKS	

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04/29/04-80062-025 150.00

12. I hereby certify that the information supplied with this filing is true and reliable. The provisions of Section 111.07(3)(g), Florida Statutes, further require the information submitted to the Department of Supplemental Child Support Enforcement to be true and reliable and that the signatory shall have the same level of care as if made under oath. I am an officer or member of the Department or the Director of the Department, or an authorized representative of the Department, as defined by Chapter 117, Florida Statutes, and I have no appearance in Block 10 or Block 11 of this document or any attachment with an address, with the exception of my current address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TS ROTH
DIRECTOR

4/26/04