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SECHETARY OF STATE TALLAHASSEE, FLORIDA

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2003	FOR	PROFIT	CORPOR	RATION
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DOCUMENT #	P02000034973
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1. Entity ne. TITAN SPECIALTY CONSTRUCTION, INC.

Principal Place of Business 1373 SOUND FOREST DR. **GULF BREEZE FL 32563**

Mailing Address

1373 SOUND FOREST DR. GULF BREEZE FL 32563

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GENKIN, FRED D 1373 SOUND FOREST DR. GULF BREEZE FL 32563 City FL Zip Code FL	3356	Country A	563	Country	<i>+</i>	5. Certificate of Status Desired			
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1373 SOUND FOREST DR. GULF BREEZE FL 32563 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Plance I and accept the o				Name				}	
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		certify that the information supplied with this filling	does not qualify for the		ted in Sec	ction 119.07(3)(i), Florida Statutes. I furt	her certify that the in	nformation	

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.

SIGNATURE: