


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90034 004 \*\*\*150.00

| <b>DOCUMENT # P02000044208</b><br>1. Entity Name<br><b>HADDIX SYN FUEL ASSOCIATES, INC.</b>  |                                   |  |   |  |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|--|-----------------------------------|--|---|---|--|----------------------------|--|--|---|--|--|-------|-----------------------------------|--|-------|--|--|------|------------------|--|------|------------------------------|--|----------------|-----------------------|--|----------------|-----------------------|--|-------------|----------------|--|-------------|-----------------------|--|-------|-----------------------------------|--|-------|--|--|------|--------------------|--|------|------------------------------|--|----------------|-----------------------|--|----------------|-----------------------|--|-------------|----------------|--|-------------|-----------------------|--|-------|---------------------------------|--|-------|---|--|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|---------------------------------|--|-------|---|--|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|---------------------------------|--|-------|---|--|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>17673-D JAMESTOWN WAY<br/>LUTZ, FL 33558</b>   |                                   |  | Mailing Address<br><b>17673-D JAMESTOWN WAY<br/>LUTZ, FL 33558</b>  |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business<br><b>19412 Livingston Ave</b>  |                                   | 3. Mailing Address<br><b>23110 S.R. 54</b>   |   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Suite, Apt. #, etc.<br>  |                                   | Suite, Apt. #, etc.<br><b>PMB 367</b>  |   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State<br><b>Lutz, FL</b>  |                                   | City & State<br><b>Lutz, FL</b>  |   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip<br><b>33559</b>  |                                   | Country<br><b>USA</b>  |   | Zip<br><b>33549</b>   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Country<br><b>USA</b>  |                                   | 4. FEI Number<br><b>74-3045223</b>   |   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                   |  |   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HADDIX, ROBERT W<br/>17673-D JAMESTOWN WAY<br/>LUTZ, FL 33558</b>  |                                   |  | 7. Name and Address of New Registered Agent<br>Name <b>Robert W. Haddix</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>23110 S.R. 54</b><br><b>PMB 367</b><br>City <b>Lutz</b> <b>FL</b> Zip Code <b>33549</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.<br>SIGNATURE <b>Robert W. Haddix</b> <b>Robert W. Haddix</b> <b>President 1-19-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transacting)</small>   |                                   |  |   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |                                   | 9. Election Campaign Financing <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;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D <input type="checkbox"/> Delete</td> <td style="width: 30%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">X Change <input type="checkbox"/> Addition</td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td>HADDIX, ROBERT W</td> <td></td> <td>NAME</td> <td><b>23110 S.R. 54 PMB 367</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17673-D JAMESTOWN WAY</td> <td></td> <td>STREET ADDRESS</td> <td><b>Lutz, FL 33549</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LUTZ, FL 33558</td> <td></td> <td>CITY-ST-ZIP</td> <td><b>Lutz, FL 33549</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>X Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td>A. GRETCHEN HADDIX</td> <td></td> <td>NAME</td> <td><b>23110 S.R. 54 PMB 367</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17673-D JAMESTOWN WAY</td> <td></td> <td>STREET ADDRESS</td> <td><b>Lutz, FL 33549</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LUTZ, FL 33558</td> <td></td> <td>CITY-ST-ZIP</td> <td><b>Lutz, FL 33549</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                                   |  |   |   |  | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | D <input type="checkbox"/> Delete |  | TITLE | X Change <input type="checkbox"/> Addition |  | NAME | HADDIX, ROBERT W |  | NAME | <b>23110 S.R. 54 PMB 367</b> |  | STREET ADDRESS | 17673-D JAMESTOWN WAY |  | STREET ADDRESS | <b>Lutz, FL 33549</b> |  | CITY-ST-ZIP | LUTZ, FL 33558 |  | CITY-ST-ZIP | <b>Lutz, FL 33549</b> |  | TITLE | D <input type="checkbox"/> Delete |  | TITLE | X Change <input type="checkbox"/> Addition |  | NAME | A. GRETCHEN HADDIX |  | NAME | <b>23110 S.R. 54 PMB 367</b> |  | STREET ADDRESS | 17673-D JAMESTOWN WAY |  | STREET ADDRESS | <b>Lutz, FL 33549</b> |  | CITY-ST-ZIP | LUTZ, FL 33558 |  | CITY-ST-ZIP | <b>Lutz, FL 33549</b> |  | 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 |  |  | 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 |  |  |
| 10. OFFICERS AND DIRECTORS   |                                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
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| NAME   | HADDIX, ROBERT W                  |  | NAME  | <b>23110 S.R. 54 PMB 367</b>  |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | 17673-D JAMESTOWN WAY             |  | STREET ADDRESS  | <b>Lutz, FL 33549</b>   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | LUTZ, FL 33558                    |  | CITY-ST-ZIP   | <b>Lutz, FL 33549</b>   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | D <input type="checkbox"/> Delete |  | TITLE   | X Change <input type="checkbox"/> Addition  |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   | A. GRETCHEN HADDIX                |  | NAME  | <b>23110 S.R. 54 PMB 367</b>  |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | 17673-D JAMESTOWN WAY             |  | STREET ADDRESS  | <b>Lutz, FL 33549</b>   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | LUTZ, FL 33558                    |  | CITY-ST-ZIP   | <b>Lutz, FL 33549</b>   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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.  |                                   |  |   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| SIGNATURE: <b>Robert W. Haddix</b> <b>Robert W. Haddix</b> <b>1-19-04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                   |  |   |   |  |                            |  |  |   |  |  |       |                                   |  |       |  |  |      |                  |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                   |  |       |  |  |      |                    |  |      |                              |  |                |                       |  |                |                       |  |             |                |  |             |                       |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |