		003 FOR PROF	ESS REPOR	RATION RT (UBR)	4/23/ Seci	12, 2003 8 retary of \$ 3-2003 90203 010 **	State
APPENDENT PLANTAGE APPENDENT PLANTAG	. Entity Nar IEL-RAY	^{me} (, INC.				FFOOD	
Principal Preve d Business 3. Making Address Suite Apt # etc. Suite Apt # etc. City & State Christ Astronomy Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country State Apt # etc. State Apt # etc. Country State Apt # etc. Country State Apt # etc. Country State Applied For Prevention and Address of Current Registreed Agent TownsSelo., WILLIAM LTUR Name Cover Max Tow State Montess of Current Registreed Agent TownsSelo., WILLIAM LTUR Street Address of the Registreed Agent TownsSelo., WILLIAM LTUR Street Address of the Registreed Agent TownsSelo., WILLIAM LTUR Street Address of the Registreed Agent TownsSelo., WILLIAM LTUR Street Address of the Registreed Agent Colver TownsSelo. Colver amote of the Will FEE IS 150.00 Street Address of the Will Street Street Agent FELE MOWIIT FEE IS 150.00 Name Agent Address of the Address of the Address of the Address of the Addresst Core Core Street A	167 S HWY	17 -	2167 Š HWY 17	112	LINDON HI HILD HAD		1854 WWW WWW
City & Sites City	. Principal	Place of Business	3. Mailing Address			or ing oring and a state of the state of t	I NA ANALY I NA ANALY I NA ANA
Zip Country Zip Country Zip Country Site Carifficate of Statuta Devices Site Applicative Image: Site Carifficate of Country E. Name and Address of Currents Registered Agent Nime Nime Site Address of New Registered Agent Image: Country E. Name and Address of Currents Registered Agent Nime Nime Nime Site Address of New Registered Agent Image: Country E. Name and Address of Currents Registered Agent Nime Nime Site Address of New Registered Agent Image: Country E. Carifficate of Country E. Carifficate of New Registered Agent Site Address of No. Addres	Suite, Apt	. #, etC.	Suite, Apt. #, etc.			HERE IF MAKING CHANGE	S
Zip Country Zip Country 8. Centricate of Status Desired Status Desired Desir	City & Ste	te	City & State	~	4. FEI Number	0806116	
	Zip	Country	Zip	Country		sired 17 \$8.75 A	dditional
TOWNSEND, WILLIAM [IR Smeet Address (PD, Box Number is Not Acceptable) C/O WALTON & TOWNSEND, P.A. Smeet Address (PD, Box Number is Not Acceptable) C/O WALTON & TOWNSEND, P.A. Smeet Address (PD, Box Number is Not Acceptable) C/O WALTON & TOWNSEND, P.A. City PLATKA FL 32177 City The above named ontry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portial. Law familiar with, and accept the obligations of registered agent. OMTURE Equations of registered agent. OPATE: Mary 1, 2005 Fee with the State. OPTE Atter Mary 1, 2005 Fee with the State. Exection Comparison Francing State Check Payabolitic Florida Department of State 11. ADDITIONS/CHANGES TO OPRICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OPRICERS AND DIRECTORS 11. City City Crassing State Accepts Option City Crassing Option State Accepts Option City Crassing Option State Check Payabolitic Florida Department of State 11. ADDITIONS/CHANGES TO OPRICERS AND DIRECTORS Not Plane City State City Crassing Option State Acceptable		6. Name and Address of Current	t Registered Agent		7. Name and Address of	· · · · · · · · · · · · · · · · · · ·	
CiO WALTON & TOWNSEND, P.A. Street Address (P.O. Box Number is Not Acceptable)	TOWNSE	ND, WILLIAM LEJR	ـــــــــــــــــــــــــــــــــــــ				
PALATKA PL 32177 Div FL Zic Code The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered agent. GMATURE Graduate for the control of the purpose of changing its registered agent. DME FILE NOWIT FEE IS \$150.00 After Mary 1, 2003 Fee with the \$550.00 May Be Added to Fees After Mary 1, 2003 Fee with the b \$550.00 11. ADDITIONS/OFIANGES TO OFFICERS AND DIRECTORS IN 11 Commons State DPT Added to Fees FOERSTER, SAMUEL F Intel Found Control of Change Addition Ref More North PROSPECTS IS CONTRECTORS IN 11 Intel Found Control of Change Addition Ref More North PROSPECTS IS CONTRECTORS IN 11 Intel Mark Intel Change Addition State I Added to Fees Intel Mark Intel Change Addition Ref More North PROSPECTS IS Control of the state of t				Street Addres	s (P.O. Box Number is Not Acci	eptable)	
The above named only submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Porda. Tam familiar with, and accept the obligations of registered agent. The colligations of registered agent. The colligation of registered agent. The colligation of registered agent. The colligation of registered agent of the registered agent the registered agent. The colligation of registered agent of the registered agent of the registered agent of the registered agent. The colligation of the collig			DG.	· · ·			
the obligations of registeried spent. GNATURE GNATURE FILE NOW/II FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After May	PALATKA	FL 32177		City		FL Zip Co	ode
GNATURE Sequence system of protect area of requerient agent and it at sport-code. Price NOW/11 FEE IS \$150.00 After Mary 1, 2005 Fee will be \$550.00 After Mary 1			or the purpose of changing i	ta registered office or regis	tered agent, or both, in the Stat	e of Florida, 1 am familiar wit	h, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 ake Check Payable to Floride Department of State 9. Election Campaign Financing Inst Fund Contribution \$5.00 May Be Added to Fees added to Fees 0 - - OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 0 - OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1 OPT - OFFICERS ANUEL F Delte Intel Addition 1 FOERSTER, SAMUEL F Delte Intel Addition Change Addition 1 CRESCENT CITY FL 32112 OITY-SL2P OTY-SL2P Change Addition 1 FOERSTER, THOMAS L Delte ITTLE Change Addition 1 FOERSTER, THOMAS L ORESCENT CITY FL 32181 Others L Others L Others L 1 ORESCENT CITY FL 32181 Others L ITTLE Others L Others L Addition 1 FOERSTER, TAME ISTE JONESS Others L ITTLE Others L Addition 1 Others L ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE IT	IGNATURE						
After Mary 1, 2003 Fee will be \$560.00 ake Check Payable to Florida Department of State N			I and title if applicable. (NC	DTE: Registered Agent signature requ	red when reinstating)	DATE	
A. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. LE OFFICERS TR, SAUUEL, F. Intel intel integration in the integration integration in the integration is made and that my signature shall have the same legal effect as it made under oath that in endrometion in the integration is the integration of the grategrature in the integration in the integration is the integration of the grategrature in the integration is the integration of the grategrature in the integration is the integration of the grategrature in the integration of the grategrature in the integration of the grategrature in the integrature in the integratur		r May 1, 2003 Fee will be \$550.00					
Automatic FOERSTER, SAMUEL F Invare Invare Invare Ett ADDRESS S18 NORTH PROSPECT ST STRETADDRESS Invare Invare V-ST-2P CRESCENT CITY FL 32112 Invare Invare Invare VE DVS Invare Invare Invare V-ST-2P CRESCENT CITY FL 32112 Invare Invare VE DVS Invare Invare Invare VST-2P FOERSTER, HADNAS L Invare Invare Invare VST-2P FOERSTER, LANE Invare Invare Invare VST-2P POMONA PARK FL 32181 Invare Invare Invare VST-2P Invare Invare Invare Invare <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
LE OVS Inte Inte Inte Inte ME FOERSTER, THOMAS, I Inte NAME Inte Inte Y-ST-JPP FOERSTER, LANE (13.0) Inte NAME Inte Inte Y-ST-JPP POMONA PARK FL 32181 Inte Inte NAME Inte Inte Y-ST-JPP Inte Inte NAME Inte Inte Inte Y-ST-JPP Inte Inte NAME Inte Inte Inte Y-ST-JPP Inte Inte Inte Inte Inte Inte Inte Y-ST-JPP Inte			<u> </u>	11.		O OFFICERS AND DIRECTO	
Meter Jobess FOERSTER, THOMAS L POERSTER, LANE (/30) Y-ST-2P Delete NAME STRET ADDRESS CITY-ST-2P Delete NAME STRET ADDRESS CITY-ST-2P Delete NAME STRET ADDRESS V-ST-2P Delete NAME STRET ADDRESS V-ST-2P Delete NAME STRET ADDRESS V-ST-2P Delete V-ST-2P Delete NAME STRET ADDRESS V-ST-2P Delete V-ST-2P Delete V-ST-2P Delete NAME STRET ADDRESS V-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P E Delete NAME STRET ADDRESS V-ST-2P CITY-ST-2P E Delete NAME STRET ADRESS V-ST-2P CITY-ST-2P E Delete NAME STRET ADRESS V-ST-2P CITY-ST-2P E Delete NAME STRET ADRESS V-ST-2P CITY-ST-2P E Delete NAME STRET ADRESS <td< td=""><td>Aake Chec O. TLE AME IREET ADDRESS</td><td>DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST</td><td>DIRECTORS</td><td>TITLE NAME STREET ADDRESS</td><td></td><td></td><td>RS IN 11</td></td<>	Aake Chec O. TLE AME IREET ADDRESS	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST	DIRECTORS	TITLE NAME STREET ADDRESS			RS IN 11
LE Delete TITLE Change Addition WE STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP LE Delete TITLE Change Addition WE Delete TITLE Change Addition VE Delete TITLE Change Addition VE Delete TITLE Change Addition VE STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP LE Delete TITLE CITY-ST-ZP CITY-ST-ZP E IDelete TITLE Internation Addition ME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP E IDelete TITLE Internation CITY-ST-ZP LE IDelete TITLE Internation CITY-ST-ZP LE IDelete TITLE Internation Internation MAKE STREET ADDRESS CITY-ST-ZP Internation Internation LE Internation supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statu	Aake Chec 0 TUE AME TREET ADDRESS ITY-ST-ZIP	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
EET ADDRESS STREET ADDRESS I. ST-ZIP CITY-ST-ZIP LE Delate WE STREET ADDRESS V-ST-ZIP CITY-ST-ZIP LE MAME STREET ADDRESS V-ST-ZIP CITY-ST-ZIP LE MAME STREET ADDRESS V-ST-ZIP CITY-ST-ZIP LE MAME STREET ADDRESS LE MAME CITY-ST-ZIP LE MAME STREET ADDRESS LE MAME STREET ADDRESS L-ST-ZIP CITY-ST-ZIP LE MAME STREET ADDRESS </td <td>Rake Chec 0. ILE IME REET ADDRESS TY-ST-ZIP ILE IME REET ADDRESS</td> <td>DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)</td> <td>DIRECTORS</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS</td> <td></td> <td>Change</td> <td>Addition</td>	Rake Chec 0. ILE IME REET ADDRESS TY-ST-ZIP ILE IME REET ADDRESS	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change	Addition
LE Delete TITLE Change Addition WE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P LE Delete TITLE Change Addition ME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP Change Addition ME Delete TITLE NAME Change Addition ME Delete TITLE Change Addition ME Delete TITLE Change Addition ME CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP I Incredy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3(i)), Florida Sta	take Chec 0. TLE IME REET ADDRESS TY-ST-ZIP TLE IME	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	D DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
ME NAME KET ADDRESS STREET ADDRESS Y-ST-ZP CITY-ST-Zip E IDelete ME STREET ADDRESS KET ADDRESS STREET ADDRESS CITY-ST-Zip IChange Addition ME E IDelete TITLE IChange NAME STREET ADDRESS CITY-ST-Zip Indextor STREET ADDRESS CITY-ST-Zip Interval Interval </td <td>Itake Chec D. ILE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS REET ADDRESS</td> <td>DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)</td> <td>D DIRECTORS</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS</td> <td></td> <td>Change</td> <td>Addition</td>	Itake Chec D. ILE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS REET ADDRESS	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	D DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change	Addition
Y-ST-2P CITY-ST-2P E Delete IITLE Change Addition AE STREET ADDRESS (-ST-2P) CITY-ST-2P LE Delete IITLE CITY-ST-2P LE Delete IITLE CITY-ST-2P LE Delete STREET ADDRESS CITY-ST-2P V-ST-2P CITY-ST-2P LE Delete TITLE STREET ADDRESS V-ST-2P CITY-ST-2P 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 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 information of 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 change changed, or on an attachment with aerdbress, with all other like empowered.	Take Chec D. ILE INE REET ADDRESS TY-ST-ZIP ILE INE REET ADDRESS Y-ST-ZIP LE ILE ILE ILE ILE ILE ILE ILE	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
E Image Image Image Addition Até STREET ADDRESS STREET ADDRESS STREET ADDRESS Image Addition 4:57-20P Image Image Image Image Addition 4:6 Image	Itake Chec D. TUE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Change	Addition
#E NAME EET ADDRESS STREET ADDRESS (-S1-2)P CITY-S1-2IP Ite Delete ME STREET ADDRESS KE STREET ADDRESS VE Delete TITLE Change NAME STREET ADDRESS KET ADDRESS STREET ADDRESS VF-S7-ZIP CITY-S1-2IP 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 cath, 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 anyothess, with all other like empowered.	IAKE Chec I. LE ME NEET ADDRESS Y-ST-ZIP LE ME LE LE LE LE LE LE LE LE LE L	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change	Addition
CITY-ST-ZIP CITY-ST-Z	TARKE Chec D. THE THE THE TY-ST-ZIP THE THE TY-ST-ZIP TE TE THE THE THE THE THE THE	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DELETORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
E Image Image Image Image Addition AR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Image Image Addition I hereby certily 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 another like empowered.	ake Chec , LE KET ADDRESS Y-ST-ZIP LE KET ADDRESS Y-ST-ZIP LE AE LET ADDRESS Y-ST-ZIP LE AE AE AE AE AE AE AE AE AE A	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DELETORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Change	Addition
EET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP ST-ZP ST	ake Chec , LE WE VET ADDRESS Y-ST-ZIP KET ADDRESS Y-ST-ZIP KET ADDRESS K-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS HE EET ADDRESS HE EET ADDRESS	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DELETORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
- 57-21P I hereby certily 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 cath, 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 sectores, with all other like empowered.	ake Chec I. I.E WE Normalized V-ST-ZIP I.E WE VET ADDRESS Y-ST-ZIP I.E ME EET ADDRESS I.F. ST-ZIP I.E ME I.E ADDRESS	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
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 a statutes; with all other like empowered.	ake Chec , LE ME NET ADDRESS Y-ST-ZIP LE ME	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
	LARKE Chec LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130)	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change	Addition
	Lake Chec J. J.LE ME REET ADDRESS IV-ST-ZIP LE ME REET ADDRESS IV-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP L Indicated indicated	DPT FOERSTER, SAMUEL F 518 NORTH PROSPECT ST CRESCENT CITY FL 32112 DVS FOERSTER, THOMAS L FOERSTER, THOMAS L FOERSTER LANE (130) POMONA PARK FL 32181	DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES T	Change	IRS IN 11 Addition Addition Addition

ł

......