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Suite, Apt. #, etc. City & State City & State City & State A FEINLAND 51 - 0 465587 Another 51 - 0 465587 Another 51 - 0 465587 See Additional For Required Agent WAGNER, R.W. Signet Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Suite For Required Agent, or both, is the State of Forida. I am familiar with, and a three obligations of policies again. WAGNER, R.W. SIGNATURE FLIE NOWILL FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 OFFICERS AND DIRECTORS IN TIME WAGNER, R.W. STREET ADDRESS CITY ST- 2P PANAMA CITY, FL 32405 CITY ST- 2P PANAMA CITY, FL 32405 CITY ST- 2P CITY ST- 2P CITY ST- 2P CITY ST- 2P FANAMA CITY, FL 32405 CITY ST- 2P CITY ST- 2P TITLE CITY ST- 2P TITLE CITY ST- 2P CITY ST- 2P CITY ST- 2P CITY ST- 2P TITLE CITY ST-	الالالالالالالالالالالالالالالالالالال								
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above name entity submits this shapement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of begistered agent. Signatural FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 After January 1, 2005, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE. D WAGNER, R.W. STREET ADDRESS CITY-51-ZIP Delete TITLE SYT/D Arthur R Patrick STREET ADDRESS CITY-51-ZIP Change TITLE Delete TITLE Delete TITLE SOUTH-DOT-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	``								
STREET ADDRESS CITY-ST-ZIP Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and a composition of registered agent, or both, in the State of Florida. I am familiar with, and a composition of registered agent. Signature FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$206.00 In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered agent. In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice of registered ag									
Street Address (P.O. Box Number is Not Acceptable) City									
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 at the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$306.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE. D WAGNER, R.W. STREET ADDRESS CITY-ST-2IP PANAMA CITY, FL 32405 TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE S/T/D Arthur R Patrick STREET ADDRESS CITY-ST-2IP SOUTH POT 1 32409 TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE S/T/D Arthur R Patrick STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE DELET ADDRESS CITY-ST-2IP TOTAL DELETADORESS CITY-ST-2IP Change CHANGES CITY-ST-2IP Change Change Change Change Change Change CHANGES CITY-ST-2IP Change Change CHANGES CITY-ST-2IP Change CHANGES CITY-ST-2IP Change CHANGES CITY-ST-2IP Change CHANGES CITY-ST-2IP CHANGES CITY-ST-2IP TOTAL DELETADORESS CITY-ST-2IP TOTAL DELETADORES									
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Description Statutes and TypeD or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									