	<ol> <li>Entity Nam</li> <li>JOHN C.</li> </ol>	MENT # P0300012	5773		FILE	
PETERSBURG, FL 33710       ST PETERSBURG, FL 33710         Fincipal Place of Business       J. Maling Address         Suite, Api, #, etc.       Dir, A State         City & State       City & State         Zi       Country         Zo       Country         Zo       Country         Zo       Country         State       -         City & State       -         State Applied State       -         City & State       -         State Applied State       -         City & FL       State Applied State					2005 NOV -2 P	M 3:51
Suite, Apt. #, etc.       Suite, Apt. #, etc.       10212005       REIN-P       CA2E098 (s/04)         City & State       City & State       City & State       Applied For       NA Applicable For         Zip       Country       Zip       Country       Zip       Country       Sole Carling For       NA Applicable For         Zip       Country       Zip       Country       Zip       Country       Sole Carling For       NA Applicable         320 3RD AVE NORTH       The Registered Agent       7. Name and Address of New Registered Agent       PL       Zip Coole         320 3RD AVE NORTH       Street Address OP O. Box Number is Not Acceptable0       PL       Zip Coole         The above named antity submits this statement for the purpose of changing its registered office or registered agent, or boxh, in the State of Porice. 1 am familiae with, and accept the obligations of registered agent.       Obtits       Tem Eabove named antity submits this statement for the purpose of changing its registered office or registered agent, or boxh, in the State of Porice. 1 am familiae with, and accept the obligations of registered agent.       Dott         City       FELE NOWIT: FEE IS 370.00       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Ker Addess       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Ker Addess       OFFICERS AND DIRECTORS IN 11	320 3RD A	VE NORTH	6320 3RD AVE NORT	H 33710	SECRETARY OF TALLAHASSEE.	F STATE Florida
City & State City City City City City City City City	Principal P	Place of Business	3. Mailing Address			
Zip         Country         Zip         Country         S. Certificate of Status Desired         INM replicable Source           6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         Name         Name and Address of New Registered Agent         Name and Address of New Registered Agent           320 3RD AVE NORTH         Name         Name         Name and Address of New Registered Agent         2           320 3RD AVE NORTH         Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.		Suite, Apt. #, etc.		 10212005 REIN-P CR2E098 (6/	/04)
Zip         Country         Zip         Country         s. Certification of Status Desired         \$8,75 Additional Pre-Propriet           6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           00WMAN-JOHN-Citil         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           320 3RD AVE NORTH         Street Address (P.O. Box Number is Not Acceptable)         +           Cry         FLE         20 Code           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. Tam familiar with, and accept the obligators of registered agent.         Iom familiar with, and accept the obligators of registered agent.           GNATURE         Image: Street Agent agents registered Agent agents registered agent.         Iom familiar with, and accept the obligators of registered agent.         Iom familiar with, and accept the obligators of registered agent.         Iom familiar with, and accept the obligators of registered agent.         Iom familiar with, and accept the obligators of registered agent.         Iom familiar with a street agents registered agent.         Iom familiar with, and accept the obligators of registered agent.         Iom familiar with, and accept the obligator of street agents registered agent.         Iom familiar with, and accept the obligators of registered agent.         Iom familiar with, and accept the obligatore agent agents registered agent.         I	City & Stat	e	City & State	·		
S. Name and Address of Current Registered Agent     Name	Zip	Country	Zip	Country	5 Certificate of Status Desired  \$8.75	Additional
OWMAN-300-IN-C-III       Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         Date       Mote Street Address (P.O. Box Number is Not Acceptable)         Date       Mote Street Address (P.O. Box Number is Not Acceptable)         Date       The Address (P.O. Box Number is Not Acceptable)         Date       The Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Currer	nt Registered Agent		Fee Re	quired
320 3RD AVE NORTH TPETERSBURG, FL 33710       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.       Date         GNATURE       Gyname, tool or purpose of the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.       Date         File NOWIII FEE IS 3750.00       III.       About the state of the purpose				Name		·
City         FL         Zip Code           The above named ontity 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.         I am familiar with, and accept           GNATURE         Statewark update protect with of agentases.         (NOTE Registered Agent signature registered agent.         D me           File NOWIN FEE IS \$750.00         After January 1, 2008, Fee will be \$900.00         D.         OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           WE         D         BOWMAN, JOHN C III         Delete         The Mater address         Change         Addition           VSI - 20 20 3RD AVE NORTH         STREET ADDRESS         Change         Addition           VSI - 20 20 3RD AVE NORTH         Delete         The Mater address         Change         Addition           VSI - 20 20 3RD AVE NORTH         STREET ADDRESS         Change         Addition           VSI - 20 20 3RD AVE NORTH         STREET ADDRESS         Change         Addition           VSI - 20 20 3RD AVE NORTH         STREET ADDRESS         Change         Addition           VSI - 20 20 3RD AVE NORTH         STREET ADDRESS         Change         Addition           VSI - 20 20 3RD AVE NORTH         STREET ADDRESS         Change	320 3RD	AVE NORTH		Street /	dress (P.O. Box Number is Not Acceptable)	
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.  CMATURE Solver the obligations of registered agent and the reputates  (MOTE Registered Agent agents of the network of the reputates agent and the reputates  (MOTE Registered Agent agents of the network of the network of the reputates agent and the reputates  (MOTE Registered Agent agents of the network of the reputates agent and the reputates  (MOTE Registered Agent agents of the network of the reputates agent and the reputates  (MOTE Registered Agent agents of the network of the reputates agent and the reputates  (MOTE Registered Agent agents of the network of the reputates agent and the reputates  (MOTE Registered Agent agents of the network of the reputates agent and the reputates  (MOTE Registered Agent agents of the network of the reputates agent and the reputates  (MOTE Registered Agent agents of the network of the reputates agent agents of the reputates agent agent agents of the reputates agent agents of the reputates agent agents of the reputates agent agent agents of the reputates agent a		· · · · · · · · · · · · · · · · · · ·				
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ME REET ADDRESS Y-ST-ZIP L 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 110	ILE WE REET ADDRESS TY - ST - ZIP ILE ME REET ADDRESS TY - ST - ZIP ILE ME	D BOWMAN, JOHN C III 6320 3RD AVE NORTH	Delete     Delete     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	☐ Chu ☐ Chu ☐ Chu ☐ Chu	ange 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	LE ME REET ADDRESS IY - ST - ZIP LE ME REET ADDRESS IY - ST - ZIP LE ME REET ADDRESS Y_ST - ZIP LE ME REET ADDRESS	D BOWMAN, JOHN C III 6320 3RD AVE NORTH		TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS	Ch Ch 70005110178 11/02/0501007016 **1	ange Addition ange Addition ange Addition ange Addition F758.75
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