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_	JMENT # P03809			SUCCEPTARY OF STATE THE LAMASSEE, FLORIDA			
Corporati	on Nagle	AMEN					
TCT	AND LINCOLN MERCUE	RY. TMC.					
				ļ			
•	ice of Business 10 E. Merritt Isl (Mailing Address Swy 509 East					
	ritt Island,FL 329	-	e, FL 32901	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				10/24/1984			
·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
Suite, Ap	t #t elo	Suite, Apt. #, etc		59-2490755	Not Applicable		
22	", e	27		5. Certificate of Status Desired 52	\$8.75 Additional Lee Required		
City & Sta	ate	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible		
24	25 25	29	30	Personal Property Tax. 10. Name and Address of New Registe	[Yes XINo		
	9. Name and Address of Cu	ment Registered Agent	81 Name	IV. Name and Address of New Registe	Teo Agent		
509	rdoff, R. Bruce East NASA Blvd. bourne, FL 32901		82 Street And 41 83 84 City	erkey & Fowler, P.A. ress (P.O. Box Number is Not Acceptable) O W. Merritt Avenue	F1 85 Zip Code 32053		
11. Pursuan office or agent 1.	t to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the of	.0502 and 607.1508, Florida St tate of Florida Such change was oligations of, Section 607.0505/	atutes, the above named corps authorized by the corporati Florida Statutes.	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	e of changing its registered poointment as registered		
SIGNATURE	1	- Lake	🖊 🔑 Kevin Mark	key, as President	4-15-99		
12.		d agent and title if applicable (N S AND DIRECTORS	 Registere i Agent signature require 13. 	DATE ADDITIONS/CHANGES TO OFFICERS			
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MARIE			3.2 NAME				
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STREET ADDRESS
CITY. ST. ZIP

14. Thereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13 if changed, open an attachment with an address with all other like empowered.

SIGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Data | Daylor Floring | Daylor Flori