Stynews, toped or privation name of registrated agent and the If approadue. (NOTE: Registrated Agent equivation medinal when relatisting)       LATE         Z.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         Z.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         LE       PD       □ DELETE       1.1 TITLE       □ Change       □ Addition         ME       DUSENBERRY, F. A.       12 NAME       □ Change       □ Addition         ME       DUSENBERRY, F. A. III       22 NAME       □ Change       □ Addition         ME       DUSENBERRY, F. A. III       22 NAME       □ Change       □ Addition         ME       DUSENBERRY, F. A. III       23 STRET ADDRESS       □ Change       □ Addition         ME       DUSENBERRY, F. A. III       23 STRET ADDRESS       □ Change       □ Addition         ME       STD       □ DELETE       31 STRET ADDRESS       □ Change       □ Addition         ME       WRIGHT, R. L.       32 STRET ADDRESS       □ Change       □ Addition         ME       WRIGHT, R. L.       33 STRET ADDRESS       □ Change       □ Addition         ME       0 DELETE       34. GTY-ST-2P       □ Change       □ Addition         Yr	PROFIT CORPORATION ANNUAL REPORT <b>1999</b>			FLORIDA DEPARTMENT OF STATE Katherine Harris ' Secretary of State DIVISION OF CORPORATIONS			FILED Apr 09, 1999 8:00 am Secretary of State 04-09-1999 90054 036 ***150.00			
Main part of the soft standard and standard	. Corporation	n Name								
NOC FL 3667     LAGO FL 3667       Principal Place of Business     2a, Mailing Address       A State     21       City & State     22.1207860       City & State     27       City & State     City & State       Zip Country     Zip       Country     Zip       Country     Zip       Country     Zip       Country     Zip       Country     Zip       Country     Zip       Country     Zip       Country     Zip       Country     Zip       Country     Zip       City Site     City Site       City Site     Site City Site       City Site     Site City Site       City Site     Site City Site       City Site     Site City Site       City Site     Site City Site       City Site     Site City Site       City Site     Site City Site	rincipal Plac	e of Business	Maili	ng Address						
Op/13/1985         Applicate For           Dirth place of Business         2a.         Maling Address         4. FEI Number         Mole Applicate For           Suite, Apt. R, etc.         Suite, Apt. R, etc.         S. Certificate of Status Desired         58.7 5A. Applicate For           City & Stata         City & Stata         City & Stata         State, Apt. R, etc.         S. Certificate of Status Desired         58.7 5A. Applicate           Zip         Country         Zip         Country         State, Applicate For         State, Applicate For           Zip         Country         Zip         Country         State, Applicate For         State, Applicate For           Zip         Country         Zip         Country         State         State, Applicate For           3         State         State         This corporation orests in the country part Interry         Applicate For           3         State         Applicate For         State         Applicate For         Applicate For           4         The corporation state for Country         Zip         Country         FE         Applicate For           3         State         Applicate For         The corporation state For Country         State         Applicate For           4         State         Applicate For								E IN THIS S	SPACE	
Intervent base boundary     Joint Apt. R. etc.     Joint Apt. R. etc.     Joint Apt. R. etc.     Suite Apt. R. etc.     Suite Apt. R. etc.     Status Desired     Status Desir							08/13/1985			alia d Cas
Suite. Apt. #, etc.         Dist. Apt. #, etc.         Science         State	, ,	Place of Business		ailing Address						
City & State       27	Suite, Apt.	#, etc.		uite, Apt. #, etc.		<b>-</b>				
Zp       Country       Trust Fund Continuon       Added to Fees         Zp       Country       8. This exprovation owes the current work interruity of interruity of interruity and interruity of interruity and interuity and interruity and interruity and interruity and interuity a						e				· ·
Zip         Country         Zip         Country         Sign         Sign         Sign         The corporation west the current year intangle/weither           2.         Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           WRIGHT, ROBERT L 10601 751H STREET, NORTH LARGO FL 34647         61         Name         62         Steel Address (P.O. Box Number is Not Acceptable)           1.         Processing and the state of Floreds. State and steel as a subtrofficed View subtrime the componence of shorters of the process of changing is mightered agent. I am camble west and office of the compose of changing is mightered agent. I am camble and officers 1 hereby accept the appointment as registered agent as the floreds. State and the compose of changing is mightered agent agent as the floreds. State agent agent agent agent agent as the floreds. State agent		te		hiy a state						
S. Name and Address of Current Registered Agent     Section 5:000     Section 5:0000     Section 5:000     Section		,	Z	·	~~	гу	1 ••			
WRIGHT, ROBERT L. 10001 73 TH STREET, NORTH LARGO FL 34647       81       Name         62       Street Address (P.O. Box Number is Not Acceptable)       83         64       City       FL       82         7. Pursuant to the provisions of Section is 607 6502 and 607.1508. Florids Statutes. It explored options board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607 605. Florids Statutes.       84       City       FL       85         RGMATURE       Tomas and accept the obligations of. Section 607 605. Florids Statutes.       Board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607 605. Florids Statutes.       Board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607 605. Florids Statutes.         KGNATURE       Dusendemand inguiter agent of the registered agent. I am familiar with, and accept the obligations of. Section 607 605. Florids Statutes.       Dusendemandemandemandemandemandemandemandem					0					
	·		Surrent register		1	1 Name		-	- <del>F</del>	
LARGO FL 34647					1	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
Image: state of the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpue of change is a submit a statement for the purpue of change is a submit a		-				2				
Pursuant to the provisions of Sactions 607 0502 and 607 1508. Florida Statutes, the above-named comportion submits this statement for burged of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the objectiment as registered agent, and accept the objectime to appoint the appointment as registered agent. Lam Englisher of Change (Change Corporation Submits this statement for the appointment as registered agent, and accept the objection 607 0505, Florida Statutes.   Identify the appointment as registered agent and the appoint and the appoint and the appointment as registered agent and the appoint appoint and the appoint and the appoint appoi							······································			
office or registered agent, or both, in the State of Finda, Such change was authorized by the Corporation's Board of directors. Indirectors. In					1	4 City		FL	85 Zip	Code
ILE PD DELETE 1:TTLE Change Addition WE DUSENBERRY, F. A. REET ADDRESS S418 ANNWOOD ROAD STREET ADDRESS S418 ANNWOOD ROAD S518 STREET ADDRESS S518 STRE	agonaro			ection our upup, Fiond	a Statut	es.				
REET ADDRESS 9418 ANNWOOD ROAD  1.3 STREET ADDRESS  1.4 CITY. 5T.2P  LARGO FL  1.4 CITY. 5T.2P  LARGO FL  Change Addition  Change Addition  2.1 MWE  2.2 MWE  2.3 STREET ADDRESS  7.5T.2P  SEMINOLE FL  2.4 CITY. 5T.2P  Change Addition  2.4 CITY. 5T.2P  1.4 CITY.		Signature, typed or printed name of registr	ered agent and title if a	pplicable. (NOTE: F	la Statut Registered A	es.	red when reinstating)	DATE	- = 46	
TY-ST-ZP       LARGO FL       14 GTY-ST-ZP         ILE       VD       DELETE       21 TITLE         WE       DUSENBERRY, F. A. III       21 STREET ADDRESS         SEMINOLE FL       21 STREET ADDRESS	SIGNATURE 12. ITLE	Signature, typed or printed name of registr OFFICE	ered agent and title if a	pplicable. (NOTE: F	Registered A	95. gent signature requi	red when reinstating)	DATE	DIRECTO	DRS IN 12
ILE       VD       DELETE       21 TITLE       Change       Addition         MEE       DUSENBERRY, F. A. III       22 MME       23 STREET ADORESS       23 STREET ADORESS       23 STREET ADORESS         TY: ST-2P       SEMINOLE FL       -       24 OTY-ST-2P       Change       Addition         MEE       STD       DELETE       31 TITLE       Change       Addition         MEE       StD       DELETE       41 TITLE       Change       Addition         MEE       DELETE       STREET ADORESS       STREET ADORESS       TITLE       Change       Addition         MEE       DELETE       STREET ADORESS       STREET ADORESS       STREET ADORESS       STREET ADORESS       STREET ADORESS	1 <b>2.</b> ITLE	Signature, typed or printed name of registr OFFICE PD DUSENBERRY, F. A.	ered agent and title if a	pplicable. (NOTE: F	Registered A 13. 1.1 TITL 1.2 NAW	es. jent signature requi	red when reinstating)	DATE	DIRECTO	DRS IN 12
ME     DUSENBERRY, F. A. III     21 MME       REET ADDRESS     9442 LAURA ANNE DR.     23 STREET ADDRESS       YN,ST.ZP     SEMINOLE FL	2. ITLE AME TREET ADDRESS	Signature, typed or printed name of regist OFFICE DUSENBERRY, F. A. 8418 ANNWOOD ROAD	ered agent and title if a	pplicable. (NOTE: F	Registered A 13. 1.1 TITL 12 NAW 1.3 STR	es. Jent signature requi	red when reinstating)	DATE	DIRECTO	DRS IN 12
TY:ST:2P       SEMINOLE FL       2.4 GTY-ST:2P         LE       STD       DELETE       3.1 TTLE         MME       WRIGHT, R. L.       32 NAME         3645 PIPER LANE       3.3 STREET ADRESS         TY:ST:2P       LARGO FL       3.4 CTY-ST:2P         LE       DELETE       4.1 TTLE         NME       4.2 NAME       Addition         REET ADDRESS       3.3 STREET ADDRESS         TY:ST:2P       Change       Addition         ME       DELETE       4.1 TTLE         ME       0 DELETE       5.1 TTLE         ME       0 DELETE       5.1 TTLE         NME       STREET ADDRESS       Change         TY:ST:2P       4.4 CTY-ST:2P       Change         TY:ST:2P       5.3 STREET ADDRESS       5.3 STREET ADDRESS         TY:ST:2P       5.4 CTY-ST:2P       Change       Addition         ME       0 DELETE       6.1 TTLE       0 Change       Addition         ME       0 STREET ADDRESS       5.3 STREET ADDRESS       1.4 CTY-ST:2P       1.4 CTY-ST:2P	2. ITLE AME TREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name of registr OFFICE DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL	ered agent and title if a	pplicable. (NOTE: F TORS DELETE	ta Statut Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	es. Jent signature requi	red when reinstating)	DATE	D DIRECTO	DRS IN 12
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Wie       WRIGHT, R. L.       32 NAME         Set5 PIPER LANE       33 STREET ADDRESS         LARGO FL       34 CITY-ST-ZP         LE       DELETE       41 ITTLE         Mie       4.2 NAME         REET ADDRESS       43 STREET ADDRESS         TY-ST-ZP       44 CITY-ST-ZP         ILE       DELETE         ASTREET ADDRESS       44 CITY-ST-ZP         TATE       DELETE         STREET ADDRESS       Change         ME       52 NAME         STREET ADDRESS       Change         TY-ST-ZP       44 CITY-ST-ZP         LE       DELETE         NME       52 NAME         STSTREET ADDRESS       SA CITY-ST-ZP         TX-ST-ZP       Change         NME       STREET ADDRESS         TY-ST-ZP       Change         ILE       DELETE         STREET ADDRESS       SA CITY-ST-ZP         LARGO FS       STREET ADDRESS         TY-ST-ZP       Change         Addition       Change         NE       63 STREET ADDRESS         TY-ST-ZP       Change         A. In breeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.	12. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR.	ered agent and title if a	pplicable. (NOTE: F TORS DELETE	A Statut Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	es. gent signature requi E E E ST-ZIP E E E E E E E E E E E E E	red when reinstating)	DATE	D DIRECTO	DRS IN 12
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ILE       In the       In the         WWE       52 NAME       53 STREET ADDRESS         TY-ST-ZIP       54 CITY-ST-ZIP       In the         TLE       In DELETE       6.1 TITLE         MWE       6.2 NAME       6.3 STREET ADDRESS         TREET ADDRESS       53 STREET ADDRESS       In the         TREET ADDRESS       6.3 STREET ADDRESS       In the         TREET ADDRESS       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP         4. 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 annual report or supplemental annual 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 trub ee 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 or on an attachment with an address, with all other tike empowered.	2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	ered agent and title if a	DELETE	<ul> <li>Statut</li> <li>Registered A</li> <li>13.</li> <li>1.1 TTL</li> <li>12 NAW</li> <li>1.3 STR</li> <li>1.4 CITL</li> <li>2.1 TTL</li> <li>2.1 NAW</li> <li>2.3 STR</li> <li>2.4 CIT</li> <li>3.1 TTL</li> <li>3.2 NAW</li> <li>3.3 STR</li> <li>3.4 CIT</li> <li>4.1 TTL</li> <li>4.2 NAW</li> </ul>	as.	red when reinstating)	DATE	D DIRECTO Change	DRS IN 12 Addition
WRE       5.3 STREET ADDRESS         TY-ST-ZIP       5.4 CITY-ST-ZIP         TLE       DELETE         6.1 TITLE       6.1 TITLE         MME       6.2 NAME         G3 STREET ADDRESS       6.3 STREET ADDRESS         TY-ST-ZIP       6.4 CITY-ST-ZIP         A. 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 annual report or supplemental annual 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 the 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, or on an attachment with an address, with all other like empowered.	2. TTLE AME TREET ADDRESS ITY-ST-ZIP TTLE AME TREET ADDRESS ITY-ST-ZIP TTLE ITTLE ITLE ITTLE ITTLE ITTLE ITLE ITTLE	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	ered agent and title if a	pplicable. (NOTE: F TORS DELETE DELETE DELETE DELETE	Ja         Statut           tegistered A         13.           1.1 TTL         12 NAW           1.3 STR         14 CTD           2.1 TTL         2.1 TTL           2.2 NAW         2.3 STR           2.4 CIT         3.1 TTL           3.2 NAW         3.3 STR           3.4. CIT         4.1 TTL           4.2 NAW         4.3 STR	In the second se	red when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition  Addition  Addition  Addition
Inter ADDRESS       54 CITY-ST-ZIP         ILE       DELETE         6.1 TITLE       Change         Addition         ME         IREET ADDRESS         TY-ST-ZIP         4. 1 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 annual report or supplemental annual 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 of the exemption as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address, with all other like empowered.	IZ. ITLE ITLE ITREET ADDRESS ITTY-ST-ZIP ITLE ITTE	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	ered agent and title if a	pplicable. (NOTE: F TORS DELETE DELETE DELETE DELETE	Ja         Statut           tegistered A         13.           1.1 TTL         12 NAW           1.3 STR         14 CITh           1.3 STR         14 CITh           2.1 TTL         2.1 TTL           2.2 NAW         2.3 STR           3.4 CIT         3.1 TTL           4.1 TTL         4.1 CITh           4.3 STR         4.4 CITh           5.1 TTL         5.1 TTL	as.	red when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition  Addition  Addition  Addition
ILE       DELETE       6.1 TITLE       Change       Addition         AWE       6.2 NAME       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP       6.4 CITY-	IZ. ITLE ITLE ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITTREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	ered agent and title if a	pplicable. (NOTE: F TORS DELETE DELETE DELETE DELETE	Ja         Statut           tegistered A         13.           1.1 TTL         12 NAW           1.3 STR         1.4 CTD           2.1 TTL         2.1 TTL           2.2 NAW         2.3 STR           2.4 CIT         3.1 TTL           3.1 STR         3.4 CIT           4.1 TTL         4.2 NAW           4.3 STR         4.4 CTD           5.1 TTL         5.1 TTL	as.	red when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition  Addition  Addition  Addition
TREET ADDRESS TY-ST-ZIP	2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	ered agent and title if a	pplicable. (NOTE: F TORS DELETE DELETE DELETE DELETE	Ja         Statut           tegistered A         13.           1.1 TTL         12 NAW           1.3 STR         14 CTD           1.3 STR         2.1 TTL           2.1 TTL         2.1 TTL           2.2 NAW         2.3 STR           2.4 CTT         3.1 TTL           3.2 NAW         3.3 STR           3.4. CTT         4.1 TTL           4.2 NAW         4.3 STR           4.4 CTD         5.1 TTTL           5.3 STR         5.3 STR	as.	red when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition  Addition  Addition  Addition
Inter Hourss       64 CITY-ST-ZIP         IT-ST-ZIP       64 CITY-ST-ZIP         4. 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	ered agent and title if a	pplicable. (NOTE: F TORS DELETE DELETE DELETE DELETE DELETE DELETE	Ja         Statut           tegistered A         13.           1.1 TTL         12 NAW           1.3 STR         1.4 CTD           1.4 CTD         2.1 TTL           2.1 TTL         2.2 NAW           2.3 STR         2.4 CTT           3.1 TTL         3.1 STR           3.4 CTT         4.1 TTL           4.2 NAW         4.3 STR           4.4 CTD         5.1 TTL           5.3 STR         5.4 CTT	295.           gent signature requi           E           E           E           ST-ZIP           E	red when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition Addition Addition Addition Addition
A. 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 annual report or supplemental annual 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 true 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, or on an attachment with an address, with all other like empowered.	IZ. ITLE ITLE ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	ered agent and title if a	pplicable. (NOTE: F TORS DELETE DELETE DELETE DELETE DELETE DELETE	Ja         Statut           Registered A         13.           1.1 TTL         1.2 NAW           1.3 STR         1.4 CTD           1.4 CTD         2.1 TTL           2.1 TTL         2.1 TTL           2.2 NAW         2.3 STR           2.4 CTT         3.1 TTL           3.2 NAW         3.3 STR           3.4. CTT         4.1 TTL           4.2 NAW         4.3 STR           4.4 CTT         5.1 TTTL           5.3 STR         5.4 CTT           6.1 TTTL         6.2 NAM	Jent signature requi           Jent signature requi           E           E           E           ST-ZIP           E            E <tr td=""></tr>	red when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition Addition Addition Addition Addition
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that i and an officer or director of the corporation or the receiver or these 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, or on an attachment withan address, with all other like empowered.	12.	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	ered agent and title if a	pplicable. (NOTE: F TORS DELETE DELETE DELETE DELETE DELETE DELETE	Ja         Statut           tegistered A         13.           1.1 TITL         1.2 NAW           1.3 STR         1.4 CITL           1.2 NAW         1.3 STR           1.4 CITL         2.1 TITL           2.1 TITL         2.1 TITL           2.2 NAW         2.3 STR           2.4 CIT         3.1 TITL           3.2 NAW         3.3 STR           3.4. CITL         4.1 TITL           4.2 NAW         4.3 STR           4.4 CITL         5.1 TITL           5.2 NAM         5.3 STR           5.4 CITT         6.1 TITL           6.2 NAM         6.3 STR	ss.           jent signature requi           E           E           E           S-ST-ZIP           E	red when reinstating)	DATE	D DIRECTO	DRS IN 12 Addition Addition Addition Addition Addition
Block 12 or Block 13 if changed, or on an attachment with an address, with all other-like empowered.	12. TITLE TABL	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	ered egent and title if a RS AND DIREC <sup>*</sup>	pplicable. (NOTE: F FORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Ja         Statut           tegistered A         13.           1.1 TTL         1.2 NAW           1.3 STR         1.4 CTD           1.4 CTD         2.1 TTL           2.2 NAW         2.3 STR           2.4 CTT         3.1 TTL           3.2 NAW         3.3 STR           3.4 CTT         4.1 TTL           4.3 STR         4.4 CTD           5.1 TTTL         5.1 TTTL           5.3 STR         5.4 CTD           6.1 TTTL         6.4 CTD           6.3 STR         6.4 CTD	ass.	ADDITIONS/CHANGES TO OF	DATE TICERS ANI	D DIRECTO Change	DRS IN 12 Addition Addition Addition Addition Addition Addition Addition
SIGNATURE: X VERSIAN WIND FRED A. DUSENBERRITT 5415771	2. TLE WME TREET ADDRESS TY-ST-ZIP TLE WME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME	Signature, typed or printed name of regist OFFICE PD DUSENBERRY, F. A. 8418 ANNWOOD ROAD LARGO FL VD DUSENBERRY, F. A. III 9442 LAURA ANNE DR. SEMINOLE FL STD WRIGHT, R. L. 8645 PIPER LANE LARGO FL	pred egent and title if a RS AND DIREC	pplicable. (NOTE: F TORS DELETE DELETE DELETE DELETE DELETE DELETE G does not qualify for 1 sport is true and accurs	Ja         Statut           tegistered A         13.           1.1 TTL         12 NAW           1.3 STR         14 CTD           1.2 NAW         1.3 STR           1.4 CTD         2.1 TTL           2.1 TTL         2.1 TTL           2.2 NAW         2.3 STR           2.4 CTT         3.1 TTL           3.2 NAW         3.3 STR           3.4. CTT         4.1 TTL           4.2 NAW         4.3 STR           4.4 CTD         5.1 TTTL           5.3 STR         5.4 CTT           6.1 TTTL         6.2 NAM           6.3 STR         6.4 CTD	as.	ADDITIONS/CHANGES TO OFf	DATE ICERS ANI ICERS ANI Inter cert made unde	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition Addition Addition Addition Addition
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