O'SAN PRODUCTS, INC.   05-07-2000 90039 0261     Program Place of Business   Mailing Address     20 INDUSTRIAL BLVD.   20'INDUSTRIAL BLVD.     CAMILLA, GA 31730   CAMILLA, GA 31730     Procipal Place of Business   3. Mailing Address     20 INDUSTRIAL BLVD.   20'INDUSTRIAL BLVD.     CAMILLA, GA 31730   CAMILLA, GA 31730     Procipal Place of Business   3. Mailing Address     Do NOT WRITE IN THIS SPACE   DO NOT WRITE IN THIS SPACE     City & State   City & State     City & State   Caminy     ZP   Country     Country   State Address of New Registered Agent     The Address of Current Registered Agent   The Address of New Registered Agent     CT CORPORATION SYSTEM   State Address (PG. Box Number In Mc Acceptual)     12000 S. PINE ISLAND ROAD   State Address (PG. Box Number In Mc Acceptual)     PLANTATION FL 33324   Off Propeet Number In Mc Acceptual)     City   State Address (PG. Box Number In Mc Acceptual)     City   State Address (PG. Box Number In Mc Acceptual)     City   FL Country     State Address (PG. Box Number In Mc Acceptual)     City   FL Country     State Add	8:00 a State
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under Apr #, etc.   Suite, Apr, #, etc.   DO NOT WRITE IN THIS SPACE     under Apr #, etc.   CAM ILLA, GA 271	
CAMILLA, GA   S. 7.1   58–1751669   \$8.75     P   Country   210   Country   S. Centricate of Status Desired   \$8.75     P   Country   S. Centricate of Status Desired   \$8.75   Fee Requirement and Address of New Registered Agent   \$8.75     T CORPORATION SYSTEM   Street Address (PO. Box Number is Not Acceptable)   Name   City   FL   Zin C     200 S. PINE ISLAND ROAD   Street Address (PO. Box Number is Not Acceptable)   City   FL   Zin C     City   FL   200 C   Street Address (PO. Box Number is Not Acceptable)   OUT     a above named entity submits instatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   Intel Address (PO. Box Number is Not Acceptable)   OUT     a above named entity submits instatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   Intel Florida.   Intel Florida.     IATURE   Enter MOWILF FE' IS 3150.00   Intel Florida.   Intel Florida.   Intel Florida.     IATURE   FLE NOWILF FE' IS 3150.00   Intel Florida.   Intel Florida.   Intel Florida.     IATURE   FD   Opticers And Diffectors   Turus Florida.   Intel Florida.<	
pp   Country   210 31.730   Country   5. Certification (Status Desired)   56.75	Applied For Not Applicable
TT CORPORATION SYSTEM Name   200 S. PINE ISLAND ROAD Street Address (PC. Box Number is Not Acceptable)   200 S. PINE ISLAND ROAD City   LANTATION FL 33324 City   Phe above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.   VATURE Secure and entity submits this statement for the purpose of changing its registered Agent agents reacted. POTE Repares Agent agents reacted. POTE Repares Agent agents reacted.   VATURE Secure and entity submits this statement for the purpose of changing its registered Agent agents reacted. POTE Repares Agent agents reacted. DATE   VATURE Secure and ad elects to do so. FILE NOWILL FEE IS 350.00 10. Élection Campeign Financing Trust Fund Contribution. Science Agent agents reacted.   PD COFFICEES AND DIFECTORS 12. ADDITONS/CHANGES TO OFFICERS AND DIFECTORS 10. Élection Campeign Financing Trust Fund Contribution. Science Agent agents reacted. Science Agent agents reacted. Addition Campeign Financing Trust Fund Contribution. Science Agent agents reacted. Science Agent agents reacted. Addition Campeign Financing Trust Fund Contribution. Science Agent agents reacted. Science Agent agents reacted. Addition Campeign Financing Trust Fund Contribution. Science Agent agents reacted. Science Agent agents reacted. Science Agent agent agents reacted. Science Agent agents. Science Agent agent agent agen	
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LANTATION FL 33324   City   FL   Zip C     et above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   ATURE     Sequence votes or puried rame of regulatered agent and the 4 secretable   (NOTE Prepares Agent synams tools, in the State of Florida.     ATURE   Sequence votes or puried rame of regulatered agent and the 4 secretable   (NOTE Prepares Agent synams received when remeating)   DATE     Visit or prozonation is eligible to satisfy its intrangible to satisfy its intrangible to satisfy its intrangible to satisfy its intrangible.   FILE NOWILIFEE IS \$150.00   10. Election Campaign Financing   \$52     OFFICERS AND DIFFECTORS   Make Charles Prepares (to Department of State   10. Election Campaign Financing   \$52     ADDERS   CIT   TRUITT, HOWARD O.   NAME   TRUITT, HOWARD O.   State addition Contribution.   \$52     ADDERS   CAMILLA, GA 31730   Delete   Thic   PD   \$12.000   State addition ROAD   \$12.000   State addition ROAD   \$12.000   State addition ROAD   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000   \$12.000	
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He above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida.   ATUPE     ATUPE	de
Sensure where or parties name diget and the 4 appresent   (COLE Regression Agent sensure required when remeating)   DATE     his corportation is eligible to satisfy its Intangible ax filing requirement and elects to do so.   FILE NOWIIL FEE IS 1550.00 After MAY 1/ 2000 Fee will be \$550.00 After MAY 1/ 2000 Fee will be \$550.00 TRUITT, HOWARD 0.   10. Élection Campaign Financing Trust Fund Contribution.   \$52 Add     OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECT TRUITT, HOWARD 0.   MME   TRUITT, HOWARD 0.   State Add the Agent sensure required when remeating.   \$52 Add     ADDRESS   PD   Delete   TTLE   PD   State Add the Check Payable to Dependent when remeating.   \$52 Add     ADDRESS   OFFICERS AND DIRECTORS   12.   ADDRESS TO OFFICERS AND DIRECT   \$42 Add the Check Payable to Dependent when remeating.   \$52 Add the Check Payable to Dependent when remeating.   <	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the 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 offic 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 11 changed, or on an attachment with an address, with all other like empowered.	er or director
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