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I do 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 constraint or the receiver or trustee improved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an appears	office or reagent. Lanson ATURE	Product agent, or bot im familiar with, and acc statistic liqued or protection C P GARDNER, NANCY 1004 S. FLAGLER	h, in the State of Florida sept the obligations of \$ ic of registered agent and title if i OFFICERS AND DIRECT ' L AVE.	Such change was a Soction 607.0505, Fit applicable (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	es, the above-named cor authorized by the corpora brida Statutes. E: Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE 6.2 NAME	ation's board of directors. I hereby acce	PL purpose of changing i put the appointment as DATE CERS AND DIRECTOI Change Change Change Change Change Change Change	ts registered registered RS IN 12 Addition Addition
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