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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I furth	<ol> <li>Pursuant t or register familiar will SIGNATURE</li> <li>SIGNATURE</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY - ST - ZIP</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY - ST - ZIP</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY - ST - ZIP</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY - ST - ZIP</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY - ST - ZIP</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY - ST - ZIP</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY - ST - ZIP</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>STREET ADDRESS</li> </ol>	to the provision red agent, or bo th, and accept Signature, typed or p PD GRAVES, F 12725 LIN	Contract of registered agence Contract name of registered agence OFFICE RS ANE COFFICE RS ANE COFFICE RS ANE COFFICE RS ANE	ion 607.050	Ango was authon; 6, Florida Statute; Alia 14 RS DELETE DELETE DELETE	Ized Try the c           13.           1 17.           1 2 NA           1 3.           1 1 11.           1 2 NA           1 3 SI           1 4 Cr           2 1 11.           2 2 NA           2 3 SI           2 4 Cl           3 1 11.           3 2 NA           3 3 SI           3 4 Cl           4 3 SI           4 4 Ch           5 1 Ti           5 2 NA           5 3 SI           5 4 Cl           6 1 Ti           6 2 ST	Ve-named coordon's Autor sub-ator in FLF ME REET ADDRESS Y-ST-ZIP FLE REET ADDRESS Y-ST-ZIP FLE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LF ME REET ADDRESS Y-ST-ZIP	board of dire	otors. Thereby acci	ept the appo			registered office Lagent Lann PRS IN 12 Addition Addition
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 un 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 nar appears in Block 12 or Block 30 changed, or on an attachment with an address.	<ol> <li>Pursuant t or register familiar will</li> <li>SIGNATURE</li> <li>12.</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY - ST-ZIP</li> </ol>	to the provision red agent, or bo th, and accept Signature speed or p PD GRAVES, F 12725 LINI TAMPA FL	An, in the State of Florid the obligations of Sector COFFICE RS ANE RCHARD L DA DRIVE 33612	an Such cho an GOZ.0509 and third again D DIRECTOF	Ango was authom 6, Florida Statutes At44 14 RS DELETE DELETE DELETE DELETE DELETE DELETE	Ized Try the c           IS.           III.           III.<	ve-named coorporation's           Autoritistic and coorporation's           FLE           ME           REET ADDRESS           Y - ST - ZIP           FLE           ME           REET ADDRESS           Y - ST - ZIP           FLE           ME           REET ADDRESS           Y - ST - ZIP           FLE           ME           REET ADDRESS           Y - ST - ZIP           FLE           ME           REET ADDRESS           Y - ST - ZIP           FLE           ME           REET ADDRESS           Y - ST - ZIP           LF           MF           REET ADDRESS           Y - ST - ZIP           LF           MF           REET ADDRESS           Y - ST - ZIP           LF           MF           REET ADDRESS           Y - ST - ZIP           LF           ME           REET ADDRESS	board of direct	Ling DDTIONS CHANG	ES TO OFFI			Pregistered office Lagent Lann  PRS IN 12  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition