UN DOCU		SS REPOR 061318			FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90290 016 ***150.00	
Principal Place of Business 345 CUMBERLAND INDUSTRIAL CT BLDG #A SAINT AUGUSTINE FL 32095 2. Principal Place of Business		Mailing Address 345 CUMBERLAND INDUSTRIAL CT BLDG #A SAINT AUGUSTINE FL 32095 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 59-3269666 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current Re	gistered Agent	.i	me	7. Name and Address of New Registered Agent	
SMITH, EDWARD D 345 CUMBERLAND INDUSTRIAL CT					D. Box Number is Not Acceptable)	
The above	GUSTINE FL 32095 named entity submits this statement for the ions of registered agent.	ne purpose of changing it	Cit s registered off	•	FL Zip Code agent, or both, in the State of Florida. I am familiar with, and accept	
After	Signature. typed or printed name of registered agent and ILE NOW !!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 < Payable to Florida Department of S OFFICERS AND DII	tate	TE: Registered Agen	signature required wh	en reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TLE AME IREET ADDRESS ITY-ST-ZIP	P Delete SMITH, EDWARD 345 CUMBERLAND INDUSTRIAL CT., BLDG #A SAINT AUGUSTINE FL 32095		TITLE NAME STREET ADD CITY-ST-ZI	RESS	Change Addition	
TLE Ame Ireet address T¥-st-zip	S Delete WRIGHT, JANET 345 CUMBERLAND INDUSTRIAL CT., BLDG. #A SAINT-AUGUSTINE-FL-32095		TITLÉ NAME STREET ADD CITY+ST-ZH		Change Addition	
ile Me Reet address Ty-st-zip	VPD Delete FRECHETTE, DONNIE 345 CUMBERLAND INDUSTRAIL CT., BLDG. #A SAINT AUGUSTINE FL 32095 VP Delete CARROLL, STEVE 345 CUMBERLAND INDUSTRIAL CT., BLDG. #A SAINT AUGUSTINE FL 32095		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change C Addition	
TLE Ame Treet address Ty - St - ZIP						
TLE Ame Treet address Ity - St - Zip		Delete	TITLE NAME STREET ADD CITY-ST-ZI		Change Addition	
rle Me Reet address Ty-st-zip		Delete	TITLE NAME STREET ADD CITY-ST-ZII		Change 🗌 Addition	
indicated of the cor	on this report or supplemental report is tru	ue and accurate and that ared to execute this report	my signature s t as required by	hall have the san	on 119.07(3)(i), Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 10 or Block 11 if	