

FILED
Apr 14, 2003 8:00 am
Secretary of State

0524038 AV

[illegible]☐ CHECK HERE IF MAKING CHANGES

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing: ☐ **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

CR2E034 (10/02)

SIGNATURE: [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** CHAS. G. McEwen **Date** 4/10/03 **Daytime Phone #** 235-283-1067