LILE	NOW: FILING FEE A	FTER MAY 1ST IS	\$\$550.00	F	ILED	
	PROFIT	FLORIDA DEPART	MENT OF STATE	Feb 19 1	998 8:(00ar
	IPORATION	Sandra B. Secretary				
•	1998 DIVISION OF CORPORATIONS		Secretary of State			
OCUI		024019 (9)				
	DBINWOOD COMPANY, INC.	• •				
	e of Business	Mailing Address 4-S	T	3 184/384/110 181/11 84841 48411 48411 4	niai Artian Bakil mante artini jir	SI U I U I U I U U U
efuniak sp	HAVENUE 17 J. 8-JT PRINOS FL 32433	JAG BALDWIN AVENUE DEFUNIAK SPRINGS FL 33	2433		E IN THIS SPACE	
5		US		3. Date Incorporated or Qualified		
Dringlood D	Iner of Percented	2a, Mailing Address VI	<u> </u>	03/25/1994 4. FEI Number		plied For
Principal P	5,85 57	28. Mailing Address 73.	27	59-3225772		ot Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 / Fee Re	
CK& Star	FILLIAK PALING FI	Tity State	PO1165FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00	-
and the second	C23 Country SA	32,433	Country SA	B. This corporation owes or has p. Personal Property Tax due June	aid the current year Int	
	9, Name and Address of Current			10. Name and Address of New Re		
	BINSON, AUBREY G		81 Name	NJ. ROBINS	ION	
	3 Baldwin ave Funiak springs fl 32433		82 Street Add	itees (P.O. Box hujtber is Not Accepta	EET	
			83	Entran Sau	1139	
			84 91-F	SALAY SON ING	5 FL 85 Zip (Code 423
Pursuant	to the provisions of Sections 607.0502	and 807.1508, Florida Statute	Insti	Dration submits this statement for the statement of directory. Learning of directory and the statement for the	フ FL [ヱ゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚	Code LY33 is registered registered
	to the provisions of Sections 607.0502 egisteren agent, or both, in the State m familiar with, and accept the onligat	and 907.1508, Florida Statule of forda, Such change was at ope of Section 607.0505, Flor	Insti	DIAK SPLUG poration submits this statement for the ation's board of directors. I hereby acce	フ FL [ヱ゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚	Code L 933 is registered registered
Pursuant I office or re agent. I a NATURE	Signature typed or printed name of regressive agent	Cand tile if applicable. (NOTE:	s, the above hamed corrulation of the corporation o	ilred when reinstating)	FL 33 purpose of changing it pt the appointment as DATE	
INATURE	Signature typed or printed name of region ed agend OFFICERS AND	Cand tile if applicable. (NOTE:	s, the above hamed corpora ultorized by the corpora ida Statutes.		FL 33 purpose of changing it pt the appointment as DATE	· · · · · · · · · · · · · · · · · · ·
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