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14. 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 supplementer annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, the	 11. Pursuant office or i agont 1 a SIGNATURE 12. THE NAME STREET ADDRESS CTY-ST-2IP THE NAME STREET ADDRESS CITY-ST-2IP THE NAME STREET ADDRESS CITY-ST-2IP THE NAME SIREET ADDRESS CITY-ST-2IP THE NAME STREET ADDRESS CITY-ST-2IP THE NAME 	ASOTA FL 34233 Ito the provisions of Sectoregistered agent, or both and familiar with, and accordinate with, a	c of registered agent and the L FFICERS AND DIREC CIR 33	I applicable (NO TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City Ites, the above-named corr authorized by the corporatorial soricla Statutes. TE: Registered Agent signature requinance toricla Statutes. 13, 1,1 TIFLE 12 NAME 1,3 STREET ADDRESS 1,4 City - ST - ZIP 2,1 TIFLE 2,2 NAME 2,3 STREET ADDRESS 2,4 City - ST - ZIP 3,1 TIFLE 3,2 NAME 3,3 STREET ADDRESS 3,4, City - ST - ZIP 4,1 TIFLE 4,2 NAME 4,3 STREET ADDRESS 4,4 City - ST - ZIP 5,1 TIFLE 5,2 NAME 5,3 STREET ADDRESS 4,4 City - ST - ZIP 5,1 TIFLE 5,2 NAME 5,3 STREET ADDRESS 5,4 City - ST - ZIP 6,1 TIFLE 6,2 NAME	wed when reinstating)	EL Purpose of changing its iccept the appointment as re DATE FICERS AND DIRECTORS Change Change Change Change Change	registered egistered IN 12 Addilio
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