WY 40 (SST, 1, 5489)   P 0 807 288     B   Billing Actiness     State, Apt. #, etc.   Subler, Apt. #, etc.     State, Apt. #, etc.   D NOT WRITE IN THIS SPACE     City & State   City & State     Apt.   Country     Zip   Country     State, Apt. #, etc.   D NOT WRITE IN THIS SPACE     City & State   -     Apt.   Country     Zip   Country     State, Apt. #, etc.   D NOT WRITE IN THIS SPACE     City & State   -     Apt.   Country     Zip   Country     State, Apt. #, etc.   D NOT WRITE IN THIS SPACE     City & State   -     Apt.   Country     State, Apt. #, etc.   D NOT WRITE IN THIS SPACE     OCAL AFL State   State Apt. #, etc.     The Dopolation is allogistered Agent   The matching State app. #, etc.     The above named and Address of New Registered Agent   Nume     The above named antify statemate for the purpose of change gits registered Agent, or both, in the State of Florida.     The above named antify statemate for the purpose of change gits registered Agent, or both, in the State of Florida.	DOCUMENT # P940000		DRT (UBR)		<b>Eay 05, 20</b> <b>Secretary</b> 05-05-2001 9059 05-05-2001 9059	<b>y of St</b> 96 001 ***15	<b>ate</b> 50.00	
Suite, Act. #, etc. Suite, Act. #, etc. Do. Not Writtle IN this StrAct   City & State City & State A. FEI Number Sp 2500800 More Application   City & State City & State A. FEI Number Sp 2500800 More Application   City & State City & State A. FEI Number Sp 2500800 More Application   City & State City & State Country Zity Sp 2500800 More Application   ROE, DONALD H Tables of State Address of Councel Registered Agent The Amore and Address of New Registered Agent Name and Address of New Registered Agent State Address of New Registered Agent   ROE, DONALD H Tables of TERRACE State Address of New Registered Agent State Address of New Registered Agent State Address of New Registered Agent   Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent State Address of New Registered Agent   Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent State Address of New Registered Agent   Name and Address of New Registered Agent Name and Address of New Registered Agent State Address of New Registered Agent State Address of New Registered Agent   New Registered Agent Address of New Registered Agent Address of New Registered Agent Name and Address of New	HWY 40 EASTP O BOX 2062SILVER SPRINGS FL 34489HWY 40 EASTUSSILVER SPRINGS FL 34489		9				/	
City & State   A. FEI Number   Source   Applied for     City & State   Image: Applied for applied	2. Principal Place of Business 3. Mailing Address							
Zip   Country   Zip   Country   Discourse   Discourse <thdiscourse< th="">   Discourse   Discour</thdiscourse<>	Suite, Apt. #, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Automate of under contract of under a degree of the source of the s	City & State City & State			4. FEI Number	59-3250880			
ROE, DONALD H 1146 SE 37 TERRACE OCALA FL 34471   Image: Second State			Country	5. Certificate of	Status Desired			
	1146 SE 37 TERRACE		Street Addre	ss (P.O. Box Number is <b>48 SE 3</b>	Not Acceptable)			
IGDNATURE   Organize these of antice area of argeteres there in a status in a stat			City O	CALA			רי'	
The finite requirement of back   X   Atter MAR 1, 200 Fee Win De 35000   Trust Fund Contribution.   Added to Fees     (See criteria on back)   X   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees     1.   OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     Inter Auders   Delete   Tht   Inter Auders   Change   Added to Fees     MARE AUDERSS   OCALA FL 34471   Obline   The Mare Inter Auderss   Change   Addition     Inter Auderss   OCALA FL 34471   Image Inter Auderss   Change   Addition     Inter Auderss   If G JUN IPPER TRACK DR.   Delete   The Inter InterI	9. This corporation is eligible to satisfy its Intangible	FILE NOW	/!!! FEE IS \$150.00	10. Flection		·	 <b>)0</b> May Be	
Intel   P   Intelling   Inteling   Inteling   Inte	(See criteria on back)	Make Check Paya	ble to Department of	State		Addeo	d to Fees	
THE   VP Joshun AL CHAFFIN   Delete   THE   Addition     AME   IG JUN IPER TRACK DR   STRETADRESS   STRETADRESS     OCALA. F[1, 3448 o   OTY-ST-2P   Change   Addition     THE   DIR -JUSTIN M. C(AFFIN)   Delete   THE   Othersis   Change   Addition     NME   IFRET ADDRESS   OTY-ST-2P   Othersis	ITLE P IAME ROE, DONALD H ITREET ADDRESS 1146 SE 37TH AVE	Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CH	ANGES TO OFFICERS			
AME   IMAG   STREET ADDRESS     ITY-ST-ZIP   ITTLE   ITTLE     AME   ITTLE   ITTLE     AME   ITTLE   ITTLE     ITY-ST-ZIP   Ittle   Ittle     Ittle   Ittle   Ittle     Ittle   Ittle   Ittle     Ittle   Ittle	AME VP Joshun A. CHAFF 16 JUNIPER TRACK	IN Delete	NAME STREET ADDRESS			Change	Addition	
AME NAME   IREET ADDRESS STREET ADDRESS   ITY-ST-ZIP Delete   TITLE Change   AME   IREET ADDRESS   ITY-ST-ZIP   CITY-ST-ZIP   CIT	AME IREET ADDRESS NYG SE 379 Fez JA	.'	NAME STREET ADDRESS			Change	Addition	
AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP IITLE INTLE I	ITLE AME TREET ADDRESS ITY-ST-ZIP	Delete	NAME STREET ADDRESS			🗍 Change	Addition	
AME IREET ADDRESS ITY-ST-ZIP 3. J hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under 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 name appears in Block 11 or Block 12 if			NAME STREET ADDRESS			🗌 Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under 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 name appears in Block 11 or Block 12 if	TLE AME TREET ADDRESS ITY-ST-ZIP		NAME STREET ADDRESS			Change	Addition	
			the exemption stated in	Section 119.07(3)(i). E	lorida Statutes. I further	certify that the in	nformation	