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| 4. 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 opport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name approach is in Plorida. | office or r agent. 1 a ignATURE it csnATURE it ref1 ADDRESS ty - S1 - ZiP it ref1 ADDRESS ty - S1 - ZiP it ref1 ADDRESS ty - S1 - ZiP it meet ADDRESS ty - S1 - ZiP tte meet ADDRESS ty - S1 - ZiP it.e it.e it.e it.e meet ADDRESS ty - S1 - ZiP it.e | registered agent or both, in the St am familiar with and accept the of X Stgrature, typed or particultane of repatence OFFICE RS PD HOLLAND, A.E. JR. 1470 HIGHWAY 17 SOUTH BARTOW FL VD MCLAULIN, DOUGLAD P JR 1470 HIGHWAY 17 SOUTH BARTOW FL STD KING, A.H. III 1470 HIGHWAY 17 SOUTH | tate of Florida. Digations of S | Such change was ection 607.0505, F dicable (NO DFRS DELETE DELETE DELETE DELETE DELETE DELETE | authorized b ilorida Statute JTE: Registered Ag 13. 11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 24 CITY- 31 TITLE 32 NAME 33 STREE 34 CITY- 41 TITLE 4 2 NAME 43 STREE 52 NAME 53 STREE 54 CITY- 61 TITLE 62 NAME | y the corpora s. ent signature requ T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | tion's board of directors. I hereby ac | e purpose of cept the app DATE | DIRECTOR DIRECTOR Change | S IN 12 S IN 12 Addition Addition Addition Addition Addition |