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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	Pursuant to or registered amiliar with, JATURE SI I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	the provisions of Section I agent, or both, in the S and accept the obligation of D D'AMICO, ANGE D'AMICO, ANGE 11560 OLD ST A JACKSONVILLE D D'AMICO, BRIAN 11560 OLD ST A JACKSONVILLE D D'AMICO, CYNTI 11560 OLD ST A JACKSONVILLE D D'AMICO, MARK 11560 OLD ST A	tate of Florida. Such i ons of, Section 607.0 registered agent and the if an FICERS AND DIRECT LO M UGUSTINE RD., S FL 32257 HIA A UGUSTINE RD., S FL 32257 HIA A UGUSTINE RD., S FL 32257	change was authoriz 505, Florida Statuter TORS DELETE STE. 4 DELETE STE. 4 DELETE STE. 4 DELETE STE. 4 DELETE STE. 4	tes, the above-named con zed by the corporation's t S. DTE: Registered Agent signature re 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS	poard of directors. I hereby acce	for the purpose of pt the appointment	Change Change Change	egistered offic agent. I am RS IN 12 Addition Addition Addition Addition