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| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 0LSON, PAUL E 2033 MAIN STREET STE: 300 SARASOTA FL 34237 11 11. Function of the provisions of Sectors 607.0502 and 607.1508. Florida Statutes, the store-named comportion submits this statement for the purpose of charging its registered agent. I strait with a data cost the outgindors of Sectors 607.0502 and 607.1508. Florida Statutes, the store-named comportion submits this statement for the purpose of charging its registered agent. I strait with a data cost the outgindors of Sectors 607.0502 and 607.1508. Florida Statutes, the store-named comportion submits this statement for the purpose of charging its registered agent. I strait with a data cost the outgindors of Sectors 607.0502 and 607.1508. Florida Statutes, strait with a data cost the outgindors of Sectors 607.0505 florida Statutes. 13 12. OFF OFTIS AND DIFECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 13. OFF OFTIS AND DIFECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 14.4 PTS OSER STATUS 13 street Address Octors 15.1 MORSE, BILL J 13 street Address Charge Address 16.1 PTS Street Address Charge Address 17.1 OSER FLAD 24 Street Address Charge Address 18.4 OSER FLAD 24 Street Address Charge Address 19.7 20 Street Address 33 street Address C | | | · · · · · · | | | |
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| 14. 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 furth | Cirregister familiar wit SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME | red agent, or both, in the State of Fi th, and accept the obligations of, Si State of File Philip and State of File OFFICE RS / OFFICE RS / PTS MORSE, BILL J 7202 JESSIE HARBOR DI OSPREY FL V BANKS, JERRY L 595 BLUEBELL RD | Ioricle. Such change was authoriz ection 607.0505, Florida Statutes anulastitie tassicaté (NE AND DIRECTORS DELETE DELETE DELETE DELETE DELETE | Pad by the corporation's box 3. DIE Registered Agent signature reque 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 5.2 NAME | ard of directors. I hereby accept the app | Change Addition |
| Control that the information supplies with this bing is oblighted with this bing is oblighted and does not provide stated in Section 19.07(5)(k), horde stated is in made up 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 nar appears in Block 19 or Block 19 or Block 19 or on an attachment with an address. BILL J MORSE 3–8–96 (941) 485–1800 | Cirregister familiar wit SIGNATURE 12. TILE NAME SIREELADDRESS CITY-SI-ZIP TILE NAME SIREELADDRESS CITY-SI-ZIP TILE NAME SIREELADDRESS CITY-SI-ZIP TILE NAME SIREELADDRESS CITY-SI-ZIP TILE NAME SIREELADDRESS CITY-SI-ZIP | red agent, or both, in the State of Fi th, and accept the obligations of, Si State of Price philos have of Agodate ta OFFICE RS / PTS MORSE, BILL J 7202 JESSIE HARBOR DI OSPREY FL V BANKS, JERRY L 595 BLUEBELL RD VENICE FL | Ioricla. Such change was authoriz ection 607.0505, Florida Statutes antifacture 1 assictaté (NE AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE | Padi by the corporation's box S. DIE Registered Agent signature result 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 6 4 CITY-ST-ZIP | ard of directors. I hereby accept the app red when renalating: ADDITIONS/CHANGES TO OFF | Change Addition |