FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032832 (4)

HOBBS & MILLER LAWN SERVICE, INC.

FILED
May 11 1998 8:00am
Secretary of State



Subs. Apt #, 8tc City & State	Principal Plac	e of Business	Mailing Address			80/00
Since Applied From State Sta	1801 NORA T	YSON RD	1801 NORA TYSON RD			
2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Substitution of Substitution (1998) 2. Sub		L 34771	ST CLOUD FL 34771			
2. Principal Place of Business 21. J. Sp. L. Vota 1,500 pt. 26	US		U\$			N THIS SPACE
28 SUID NOTA TYSON N. a 26 SUID NOTA TYSON N. a 27 SUID NOTA TYSON N. a 28 SUID NOTA TYSON N. a 38 SUID NOTA TYS						
Clip & State 27 Clip & State 27 Clip & State 28 State 27 Clip & State 28 State 28 State 28 State 28 State 29 S			2a. Mailing Address	0.1		Applied For
Clip & State 27 Clip & State 27 Clip & State 28 State 27 Clip & State 28 State 28 State 28 State 28 State 29 S	21 /80/	Nora lyson Kd	26 1801 NO	ra Tyson Rd	59-3310416	Not Applicable
City & State City & Ci		#, etc.	Duite, Apr. #, Btc.	, , ,	5. Certificate of Status Desired	\$8.75 Additional
25					G. Sollinging of States Desired	Fee Required
B. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name and Address of New Registered Agent 14. W. NNE STREET KISSIMMEE FL 34741 15. Pursuant to the provisions of Sentions of Sentions (P.O. Social Control of Sentions of Sentions (P.O. Box Number is Not Acceptable) 16. Dear of Control of Sentions of Sentions (P.O. Social Control of Sentions of Sentions (P.O. Box Number is Not Acceptable) 16. Dear of Control of Sentions of Sentions (P.O. Social Control of Sentions (P.O. Box Number is Not Acceptable) 17. Pursuant to the provisions of Sentions (P.O. Social Control of Sentions (P.O. Box Number is Not Acceptable) 18. Dear of Control of Sentions (P.O. Box Number is Not Acceptable) 19. Dear of Control of Sentions (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) 10. Sent Address (P.O. Box Number is Not Acceptable) 10. Sent Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sentions (P.O. Box Number is Not Acceptable) 12. Dear of Control of Sentions (P.O. Box Number is Not Acceptable) 13. Sent Address (P.O. Box Number is Not Acceptable) 14. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 15. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 16. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 17. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 18. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 18. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 19. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 19. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 19. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 19. Dear of Control of Senting (P.O. Box Number is Not Acceptable) 19. Dear of Control of Senting (P.O. Box Number is Not Acceptab	23 5	Loud, FL	1 4 1	1 FL.	, ,	
HAYES, ROBERT S 441 W. VINE STREET KISSIMMEE FL 34741 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0500 and 607 1506. Florida Stanutes, the exhause, the exhause of the purpose of changing is registered edition or objection organi, or both, in the Status of Fords. Such change was authorized by the corporation's submits this statement for the purpose of changing is registered signed. I am familiar with, and except the deploinment's section 07,0505, Florida Stanutes. SIGNATURE 12. OT IT ICT IS AND DIR CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MILLER, ROGER 0 1801 NORA TYSON RD 13 STREET ADDRESS 001*-91-2P TITLE ST	zip 24 347	11	4 🗀 ' ' 4 1			
### Addition #### Addition ##### Addition ##### Addition ####################################			nt Registered Agent		10. Name and Address of New Regis	stered Agent
KISSIMMEE FL 34741 1				81 No File		
KISSIMMEE FL 34741 83 84 City FL 85 Zip Code 11. Pursuant to the previsions of Sections (07 0002 and 607 1506) Ficial a Statutes, the above named corporation's board of directors. I hereby accept the appointment of the purpose of changing list registered office or registered agent, or both, in the Statut of Fiorias. Such change was authorized by the corporation's board of directors. I hereby accept the appointment is registered office or organization and accept the originations of Section (07 0505, Fiorida Statutes.) SIGNATURE DELETE 11 THILE				82 Street Addr	ress (P.O. Box Number is Not Acceptable	1
11. Pursuant to the provisions of Sections 607 0509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Strite of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmenty's registered agent in all married with, injurishment of a submit agent and set of red-civile. Profit Statutes. Indirectors in the provisions of Sections 607 0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointmenty's registered agent in all married provisions of the purpose of changing its registered agent in all married provisions of the purpose of changing its registered agent in all married provisions of the purpose of changing its registered agent in all married provisions of the purpose of changing its registered agent in all married provisions of the purpose of changing its registered agent in all married provisions of the purpose of changing its registered agent in all married provisions of the purpose of changing its registered agent in all married provisions of the purpose of changing its registered agent in all married provisions of the purpose of changing its registered agent in all married provisions. It is registered agent in all married provisions of the purpose of changing its registered agent in a purpose of changing its registered agent in all married provisions. It is registered agent in all married provisions of the purpose of changing its registered agent in a purpose of purpose of the purpose of changing its registered agent in all married provisions. It is registered agent in all married provisions of the purpose of changing its registered agent in all married provisions of the change in all married agent in all married provisions of the purpose of changing its registered agent in all married provisions agent in all married	KIS	SIMMEE FL 34741				<i>,</i>
11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment's registered agent, I am immunity with, and occept the originations of Section 607 505. Florida Statutes. IGNATURE MILLER, ROGER D				83		
11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment's registered agent, I am immunity with, and occept the originations of Section 607 505. Florida Statutes. IGNATURE MILLER, ROGER D				84 City		RE Zin Codo
Grant December of Cognition of Both in this Stimo of Fords Studies agont I am Standard Fords Standard						
SIGNATURE POV OIT ICT IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	es, the above-named corp	poration submits this statement for the pur	pose of changing its registered
12. OF I CERS AND DIRE CLORS TITLE PDV INTER PDV INTER ADDITIONS/CHANGES TO OFFICERS AND DIRE CLORS TITLE NAME INTER ADDITIONS/CHANGES TO OFFICERS AND DIRE CLORS STREET ADDRESS STRET ADDRESS CITY-ST-ZP TITLE ST INTER ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP TITLE ST INTER ADDRESS CITY-ST-ZP ST ST ST ST ST ST ST ST ST S	agent. I ar	m familiar with, and accept the oblig-	ations of, Section 607.0505, Flo	rida Statutes.	ion's board of directors, i hereby accept t	ne appointment as registered
TITLE PDV	SIGNATURE	ann The Sheller			.5	1/198
TITLE MILLER, ROGER D DELETE 1.1 TITLE 1.2 MME Addition MILLER, ROGER D 1.3 STREET ADDRESS 5TT CLOUDE FL 1.5 STREET ADDRESS 5T CLOUDE FL 1.5 STREET ADDRESS 5T CLOUDE FL 1.5 STREET ADDRESS 5T CLOUD FL 2.5 STREET ADDRES	-10		* * * * * * * * * * * * * * * * * * * *	- <u>u</u>		DATE
MILLER, ROGER D 1801 NORA TYSON RD ST CLOUDE FL 1.2 NAME 1.3 STREET ADDRESS ST CLOUDE FL 1.2 NAME MILLER, ANN STREET ADDRESS ST CLOUD FL 2.2 RAME STREET ADDRESS ST CLOUD FL 2.3 STREET ADDRESS ST CLOUD FL 2.3 STREET ADDRESS ST CLOUD FL 2.4 CDTY-S1-72P ST CLOUD FL 3.3 STREET ADDRESS CITY-S1-72P ST CLOUD FL 4.1 THILE ADDRESS CITY-S1-72P ST CLOUD FL 4.2 RAME 4.2 RAME 4.3 STREET ADDRESS CITY-S1-72P STREET ADDRESS STREET ADDRESS CITY-S1-72P STREET ADDRESS CITY-S1-72P STREET ADDRESS STREET					ADDITIONS/CHANGES TO OFFICER	
STREET ADDRESS CITYST-ZIP ST CLOUDE FL ST ST CLOUDE FL ST ST ST CLOUDE FL ST ST CLOUDE FL ST ST CLOUDE FL ST ST ST CLOUDE FL ST		• •	T DETER	4		Change Addition
ST CLOUDE FL TITLE ST TITLE ST THE S						
TITLE MILLER, ANN 1801 NORA TYSON TD 23 STREET ADDRESS 1011 NORA TYSON TD 23 STREET ADDRESS 24 CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS 2 CITY-ST-ZIP 37 NAME 37 STREET ADDRESS 2 CITY-ST-ZIP 38 STREET ADDRESS 38 STREET ADDRESS 39 NAME 37 STREET ADDRESS 61 STREET ADDRESS						
MAME STREET ADDRESS CITY-ST-2P ST CLOUD FL 22 NAME 23 STREET ADDRESS CITY-ST-2P ST CLOUD FL 31 TILE CHANGE 33 STREET ADDRESS CITY-ST-2P 33 STREET ADDRESS CITY-ST-2P 34 CITY-ST-2P 35 STREET ADDRESS CITY-ST-2P 36 STREET ADDRESS CITY-ST-2P 36 STREET ADDRESS CITY-ST-2P 37 STREET ADDRESS CITY-ST-2P 38 STREET ADDRESS CITY-ST-2P 39 STREET ADDRESS CITY-ST-2P TITLE 30 STREET ADDRESS CITY-ST-2P TITLE 31 STREET ADDRESS CITY-ST-2P TITLE 32 STREET ADDRESS CITY-ST-2P TITLE 33 STREET ADDRESS CITY-ST-2P TITLE 34 STREET ADDRESS CITY-ST-2P TITLE 35 STREET ADDRESS CITY-ST-2P TITLE 45 STREET ADDRESS CITY-ST-2P TITLE 55 STREET ADDRESS CITY-ST-2P TITLE 56 STREET ADDRESS CITY-ST-2P TITLE 57 STRE			T DELETE			
STREET ADDRESS CITY-ST-ZIP ST CLOUD FL 2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 NAME 3.3 NAME 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 5TREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE 5.2 NAME 5TREET ADDRESS CITY-ST-ZIP TITLE 5.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE 6.1 TITLE 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE 6.4 CITY-ST-ZIP TITLE 6.5 NAME 6.5 STREET ADDRESS 6.5	· · · · · · · · · · · · · · · · · · ·					LI Change LI Addition
CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE NAME 14 CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 1 TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE DELETE 61 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Additio	1					
TITLE DELETE 31 TILLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 42 NAME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE DELETE 61 TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE A						
NAME STREET ADDRESS CITY_ST_ZIP TITLE DELETE 41 TITLE A4. CITY_ST_ZIP TITLE A3. STREET ADDRESS CITY_ST_ZIP TITLE A4. CITY_ST_ZIP TITLE A4. CITY_ST_ZIP TITLE A5. STREET ADDRESS CITY_ST_ZIP TITLE DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY_ST_ZIP TITLE A4. CITY_ST_ZIP TITLE A4. CITY_ST_ZIP TITLE A4. CITY_ST_ZIP A4. CITY_ST_ZIP A4. CITY_ST_ZIP TITLE A5. STREET ADDRESS CITY_ST_ZIP A4. Lity_ST_ZIP A4. CITY_ST_ZIP A4. CITY_ST_ZI		OT OCCOUNTE	DOUETE			
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.C.IY-ST-ZIP TITLE A.C.IY-ST-ZIP TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP DELETE 6.1 TITLE A.C.IY-ST-ZIP TALE A.C.IY-ST-ZIP A.C.IY-ST-ZIP A.C.IY-ST-ZIP TALE A.C.IY-ST-ZIP A.C.IY-ST-ZIP A.C.IY-ST-ZIP TALE A.C.IY-ST-ZIP TALE A.C.IY-ST-ZIP A.C.IY-			ריין טננגונ			L Change L Adonion
CITY-ST-ZIP TITLE DELETE 4.1 THILE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 THILE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 THILE ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS ADDRESS	i					
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS TREET ADDRESS	i					
NAME STREET ADDRESS CITY-ST-ZIP A4.CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS CITY-ST-ZIP 6.5 STREET ADDRESS CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 CITY-ST-ZIP 6.9 CI			□ DELETE			Change Addition
STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS CITY-ST-ZIP 5.6 CITY-ST-ZIP 5.7 NAME 5.8 STREET ADDRESS CITY-ST-ZIP 5.9 NAME 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.1 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 logical effect as if made under oath; that I am an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name empears in officer or director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name empears in	1		(_) occur	1		ET Analige ET Madiffalt
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.1 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 annual report or supplicmental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name empears in						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition				E		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 lndicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name empears in			DELETE			Change Addition
STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name empears in	NAME		—			
CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in	STREET ADDRESS					
TITLE NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in				•	•	
NAME STREET ADDRESS GTY-ST-ZIP 14. I 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in	TITLE		DELETE	· • · · · · · · · · · · · · · · · · · ·		Change Addition
STREET ADDRESS CITY-ST-ZIP 14. I 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an office 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	NAME		-			
CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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	STREET ADDRESS					
14. Thereby 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in	ŀ					
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 eath; 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	14. I hereby co	ertify that the information supplied wi	th this filing does not qualify for	the exemption stated in t	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information
Block 12 or Block 13 if changed, or on an attachment with an address.	Indicated (on tris annual report or supplementa	Lannual report is true and accu	rate and that my signatur	e shall have the same lenal offect as if m	ada undar nath-that I am an
	Block 12 o	or Block 13 if changed, or on an attac	hment with an address.		/ / / / / / / / / / / / / / / / / / /	a man my name appears in