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In Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. Such states was autocized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am framkar with, and accept the obligations of. Section 607 0502, Florida Statules. SCINTURE Signature guest on the state of Forida. Such states was autocized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am framkar with, and accept the obligations of. Section 607 0502, Florida Statutes. SCINTURE Signature guest on the state of Forida. Such states was autocized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am framkar with, and accept the obligations of. Section 607 0502, and 607.1508, Florida Statutes. SCINTURE Signature guest on the state of Forida. Such states was autocized by the corporation submits this statement for the purpose of changing its registered agent. I am framkar with, and accept the obligations of the state of Forida. Such states was autocized by the corporation submits the statement to the appointment as registered agent. I am framkar with, and accept the obligation of the state of Forida. Such states was autocized by the corporation submits the statement to the appointment as registered agent. I am framkar with, and accept the obligations of the state of Forida. Such states was autocized by the corporation submits the statement to the state of Forida. Such states was autocized by the state of Forida. Such states was autocized by the state of Forida. Such states was also applied with the state of Forida. Such states was also and the states was also applied with the state of Forida. Such states was also applied with the state of Forida. Such states was also applied with the state of Forida. Such states was also applied with the state of Forida. Such states				83	·· _ · ·································		
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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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my sionature shall have the same legal effect as if made under	or register familiar wit SIGNATURE	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Signatum typed or printed name of registeries age OFFICERS AN KIRKLAND, CAROLYN S 2716 MEDULLA ROAD LAKELAND FL 33811 D KIRKLAND, LUKE M 2716 MEDULLA ROAD	ida. Such change was authoriz tion 607.0505, Florida Statutes t and the magnicates NR ND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	es, the above named corporation's box s. DTE Registered Ayria signature regim 13. 1 + TIFLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2 1 TIFLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TIFLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3 4 CITY-ST-ZIP 5 1 TIFLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TIFLE 6 2 NAME	ard of directors. I hereby accept the app	FL Impose of changing its reg Intrient as registered ac DATE ICERS AND DIRECTORS Change Change Change Change Change	istered office gent. I am S IN 12 Addition Addition
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	or register familiar wit SIGNATURE	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Signatum typed or printed name of registeries age OFFICERS AN KIRKLAND, CAROLYN S 2716 MEDULLA ROAD LAKELAND FL 33811 D KIRKLAND, LUKE M 2716 MEDULLA ROAD	ida. Such change was authoriz tion 607.0505, Florida Statutes t and the magnicates NR ND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	es, the above named corporation's bos s. DTE Repetered Ayria signature near 13. 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 3 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 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	ard of directors. I hereby accept the app	FL Impose of changing its reg Intrient as registered ac DATE ICERS AND DIRECTORS Change Change Change Change Change	istered office gent. I am S IN 12 Addition Addition