DOCUN 1. Entity Name	MENT # P95000				Feb 20, Secret	ILED 2000 8:00 ary of Sta	ate
Principal Place	of Business	Mailing Address					
3848 MOORES STATION RD		PO BO X728					
SANFORD FL 32772 US		S SANFORD FL 32772			-UUUZ2600		
•		US					111 1 11 1 11
2. Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt. I	#, etc.	P.O. Box 728 Suite, Apt. #, etc.			DO NOT WF	ITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-3317838 Applied For		
······································					59-331/8		ot Applicable
Zip	Country	Zip	Country		Certificate of Status Desired Name and Address of New	\$8.75 Add Fee Require	
3848	FITH, WALTER D MOORES STATION RD FORD FL 32773		Street A 74(.ddress (P.O. E) Flori	Johnson Box Number is Not Acceptab da Central P	kwy Ste 200	
				ngwood		FL ^{Zip} 32	750
	Signature, type or printed name of registered agent ration is eligible to satisfy its intangible equirement and elects to do so.	end title if applicable. (NO	TE Registered Agent signal /!!! FEE IS \$150.	ure required when r	einstating) 10. Election Campaign F Trust Fund Contribut		0 May Be
(See criteri	a on back)	Make Check Paya	ble to Departmen		DDITIONS/CHANGES TO OF		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITH, WALTER D SRT 3848 MOORES STATION RD SANFORD FL 32772	Directions Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	Eith, Walter	🛣 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFITH, W DUANE 1001 PIONEER WAY P O BOX 1 GENEVA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Р		X] Change	Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP	ST GRIFFITH, FREIDA ROSE 3848 MOORES STATION RD SANFORD FL 32772	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP		★] Change	Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	···	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 I	ith, Melinda Pioneer Way a, FL 32732	Change	K Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	Addition
	ertify that the information supplied with on this report or supplemental report poration or the receiver or trustee emp or on an attachment with any ddress,						