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 supplier ental 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 Block 12 or Block 13 it changed, or on an attachment with an address, with all other like empowered.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: 🛫

12.

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

☐ DELETE

☐ Change

Addition

CR2E034

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