1	PROFIT	98: \$550 (IF DISSOLVE		TO REINSTATE: \$750).		
COR	PORATION			Mortham	Aug 26 19	198 8:00ai
	JAL REPORT 1998			y of State ORPORATIONS	Secretar	y of State
		9500008	80395 (3)	· · · · · · · · · · · · · · · · · · ·		
WINDMA	ASTER MANUFAC		• •			
• •	e of Business		Mailing Address			A181 £8101 A0100 (11)9 (010) 01(1 (80)
i4 North 9t Efuniak spr	IH STREET RINGS FL 32433		44 NORTH 9TH STREET DEFUNIAK SPRINGS FL 324	133	DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualified 10/16/1995 	
Principal P	lace of Business	2 26	a. Mailing Address		4. FEI Number 59-2302800	Applied For Not Applicable
Sulte, Apt.	#, etç.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	28	City & State		6. Election Cempaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Count	iry	Zip	Country	8. This corporation owes or has paid the	
	9, Name and Addr	29 ress of Current Reg		30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
DOC	KERY, DEVAN T			81 Name	DOCKERY DEVAN -	
ROU	JTE 3 BOX 26D			82 Street	Address (P.O. Box Number is Not Acceptable)	<u> </u>
DEF	UNIAK SPRINGS FL	32433		83		
					00 Ten Lake Drive	Ter Zin Code
				84 City	De FUNIAK Springs F	L 85 Zip Code 32433
office or	registered agent, or bol	th, in the State of Flo	507.1508, Florida Statutes rida. Such change was at of, section 607.0505, Flor	, the above-named c	<u>200 TEN LAKE DRIVE</u> <u>De FUNIAK Springs F</u> proration submits this statement for the purpose o pration's board of directors. I hereby accept the ap	L 32433
office or agent. 1 a	registered agent, or bol am familiar with, and ac Signature, typed or printed nam	th, in the State of Flo coept the obligations we of registered agent and title	rida. Such change was at of, section 607.0505, Flor a if applicable (NOT	84 City , the above-named c ithorized by the corp ide Statutes. E: Registered Agent signalu	PEFUNIAK Springs F proporation submits this statement for the purpose of pration's board of directors. I hereby accept the ap a required when reinstating) DATI	L 32433 If changing its registered pointment as registered
office or agent. 1 a IGNATURE	registered agent, or bot am familiar with, and ac Signature, typed or printed nam	th, in the State of Flo ccept the obligations	rida. Such change was at of, section 607.0505, Flor all applicable. (NOT ECTORS	B4 City the above-named c ithorized by the corp ida Statutes. E: Registered Agent signatur 13.	PEFUNIAK Springs F proporation submits this statement for the purpose of pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS	Application of the second
office or agent. 1 IGNATURE	registered agent, or bot am familiar with, and ac Signature, typed or printed nem (D	th, in the Stale of Flo ccept the obligations re of registered agent and titl OFFICERS AND DIR	rida. Such change was at of, section 607.0505, Flor a if applicable (NOT	84 City , the above-named c ithorized by the corp ide Statutes. E: Registered Agent signalu	PEFUNIAK Springs F poporation submits this statement for the purpose of pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D	L 32433 If changing its registered pointment as registered
office or agent. 1 a GNATURE	registered agent, or bot ern familiar with, and ac Signature, typed or printed nem O DOCKERY, DEVAN ROUTE 3 BOX 26	th, in the State of Flo coept the obligations is of registered agent and the DFFICERS AND DIR IT D	rida. Such change was at of, section 607.0505, Flor all applicable. (NOT ECTORS	B4 City the above-named c thorized by the corp ida Statutes. E: Registered Agent signatur 13. 1.1 TITLE	De FUNIAK Springs F proporation submits this statement for the purpose of pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR.	Annging its registered pointment as registered Anno Directors IN 12 Change Addition
office or agent. 1 IGNATURE LE ME REET ADDRESS Y-ST-ZIP	registered agent, or bot em familiar with, and ac signature, typed or printed nem C D DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC	th, in the State of Flo coept the obligations is of registered agent and the DFFICERS AND DIR IT D	rida. Such change was at of, section 607.0505, Flor all applicable. (NOI ECTORS	B4 City , the above-named c ithorized by the corple ida Statutes. E: Registered Agent signal 13: 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PEFUNIAK Springs F poporation submits this statement for the purpose of pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D	Anging its registered pointment as registered AND DIRECTORS IN 12 Change Addition
office or agent. 1 a GNATURE LE KEE KEET ADDRESS Y-ST-ZIP LE	registered agent, or bot em familiar with, and ac signature, typed or printed nem C D DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D	th, in the State of Flo coopt the obligations of registered agent and lith DFFICERS AND DIR I T D 3S FL 32433	rida. Such change was at of, section 607.0505, Flor all applicable. (NOT ECTORS	B4 City , the above-named c thorized by the corp- ida Statutes. City E: Registered Agent signature Signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	De FUNIAK Springs F proportion submits this statement for the purpose of pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D	Anging its registered pointment as registered AND DIRECTORS IN 12 Change Addition
office or agont. 1 a GNATURE 	registered agent, or bot em familiar with, and ac signature, typed or printed nem O DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE	th, in the State of Flo coopt the obligations of registered agont and the DFFICERS AND DIR I T D 3S FL 32433	rida. Such change was at of, section 607.0505, Flor all applicable. (NOI ECTORS	B4 City , the above-named c thorized by the corpide Statutes. E: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	Annging its registered pointment as registered And DIRECTORS IN 12 Change Addition
office or agont. 1 a GNATURE E E E E E E E E E E E E E E E E E ADRESS E E E E E ADRESS	registered agent, or bot em familiar with, and ac signature, typed or printed nem C D DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was at of, section 607.0505, Flor all applicable. (NOI ECTORS	B4 City , the above-named c thorized by the corp- ida Statutes. City E: Registered Agent signature Signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	De FUNIAK Springs F proportion submits this statement for the purpose of pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D	Annging its registered pointment as registered And DIRECTORS IN 12 Change Addition
office or agont. 1 a SNATURE E E E E E E E E E E E E E E E E E E	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was at of, section 607.0505, Flor all applicable. (NOI ECTORS	B4 City , the above-named c ithorized by the corp ide statutes. E: Registered Agent signature 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	Annging its registered pointment as registered And DIRECTORS IN 12 Change Addition
office or agont. 1 a GNATURE E E E E E E E E E E E E E E E E E E	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was at of, section 607.0505, Flor all applicable. (NOT ECTORS	B4 City , the above-named c ithorized by the corp ide Statutes. E: Registered Agent signature 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 f changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
AFRICE OF agont. 1 a GNATURE	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was at of, section 607.0505, Flor all applicable. (NOT ECTORS	B4 City , the above-named orthorized by the corpide Statutes. E: Registered Agent signature 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 f changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
All Control of the second of t	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was al of, section 607.0505, Flor ECTORS	B4 City , the above-named c ithorized by the corp ide Statutes. E: Registered Agent signature 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 f changing its registered pointment as registered Addition Change Addition Addition Change Addition
office or agont. 1 a GNATURE 	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was at of, section 607.0505, Flor all applicable. (NOT ECTORS	B4 City , the above-named c ithorized by the corp ide Statutes. E: Registered Agent signature 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 f changing its registered pointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
office or agont. 1 a GNATURE 	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was al of, section 607.0505, Flor ECTORS	B4 City , the above-named orthorized by the corplexity ithorized by the corplexity 11 12 13 1.1 1.2 1.3 1.4 1.7 1.7 1.8 1.2 1.3 1.4 1.7 2.1 1.1 1.2 1.3 3.3 1.4 CITY-ST-ZIP 2.1 1.1 2.2 2.3 3.4 CITY-ST-ZIP 3.1 3.1 3.2 NAME 3.3 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 f changing its registered pointment as registered Addition Change Addition Addition
office or agont. 1 is GNATURE E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was al of, section 607.0505, Flor ECTORS	B4 City , the above-named cuthorized by the corpide Statutes. E: Registered Agent eignatur 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 If changing its registered pointment as registered Addition Change Addition Change Addition Change Addition
office or agont. 1 a GNATURE E E E E E E E E E E E E E E E E E E	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was al of, section 607.0505, Flor ECTORS	B4 City , the above-named cultiorized by the corpide Statutes. E: Registered Agent eignatur 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 f changing its registered pointment as registered Addition Change Addition Addition
office or agont. 1 a GNATURE E E E E E E E E E E E E E E E E E E	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was al of, section 607.0505, Flor ECTORS	B4 City , the above-named cultiorized by the corpida Statutes. E: Registered Agent algoalut 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 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 If changing its registered pointment as registered Addition Change Addition Change Addition Change Addition
office or agont. 1 a GNATURE .E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was al of, section 607.0505, Flor ECTORS	B4 City , the above-named cultiorized by the corpide Statutes. E: Registered Agent eignatur 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 3.2433 If changing its registered pointment as registered Addition Change Addition Change Addition Change Addition
Algont. 1 a agont. 1 a	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was al of, section 607.0505, Flor ECTORS	B4 City , the above-named cuthorized by the corpida Statutes. E: Registered Agent signature 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 If changing its registered pointment as registered Addition Change Addition Change Addition Change Addition
office or agont. 1 a IGNATURE I. I. E. I. E. KEET ADDRESS Y-ST-ZIP I.E. ME REET ADDRESS Y-ST-ZIP I.E. ME REET ADDRESS Y-ST-ZIP I.E. ME REET ADDRESS Y-ST-ZIP I.E. ME REET ADDRESS Y-ST-ZIP I.E.	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was at of, section 607.0505, Flor ECTORS	B4 City , the above-named cultionized by the corpidal Statutes. E: Registered Agent eignatur 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 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	Image: Line of the angle of
office or	registered agent, or bot am familiar with, and ac signature, typed or printed new OD DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26	th, in the State of Flo coopt the obligations are of registered agont and BH DFFICERS AND DIR D T D 3S FL 32433 EL D	rida. Such change was at of, section 607.0505, Flor ECTORS	B4 City , the above-named cultorized by the corpida Statutes. E: Registered Agent eignatur 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 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 1.1 TITLE 5.3 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	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	Image: Line of the angle of
office or agont. 1 a (GNATURE LE ME EET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP	registered agent, or bot am familiar with, and ac signature, typed or printed new O DOCKERY, DEVAN ROUTE 3 BOX 26 DEFUNIAK SPRINC D DOCKERY, DENZE ROUTE 3 BOX 26 DEFUNIAK SPRINC	th, in the State of Flo coopt the obligations are of registered agont and the DFFICERS AND DIR I T D 3S FL 32433 SL D 3S FL 32433	rida. Such change was at of, section 607.0505, Flor ECTORS	B4 City , the above-named controlized by the corplexity Statutes. E: Registered Agent signature 11 11 11 12. NAME 13. 11 1.1 11 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 3.3 STREET ADDRESS 3.4 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 <tr td=""></tr>	PEFUNIAK Springs F proporation submits this statement for the purpose o pration's board of directors. I hereby accept the ap a required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS D DOCKERY, DEVAN T. 1500 TEN LAKE DR. DEFUNIAK Springs, FL 324. D DOCKERY, DENZEL	L 32433 If changing its registered If changing its registered AND DIRECTORS IN 12 Change Addition