FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90053 027 ***150.00

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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092638 1. Corporation Name

GLACIER MECHANICAL SERVICES INC.

Principal Place	of Ruciness	Mailing Addres	ss				i iaditadi ite i				
		7739 AVOCET I						•			
7739 AVOCET DR WESLEY CHAPEL FL 33544			WESLEY CHAPEL FL 33544			DO NOT WRITE IN THIS SPACE					
US -	E 1E 33544	US				<u> </u>			TE IN THI	S SPACE	
00		•				1	Date Incorporate	d or Qualifed			.
	•			-			12/06/1995				
a Principal Pla	ace of Business	2a, Mailing Ad	idress				FEI Number				Applied For
_		26				_	<u>59-3346089</u>		477		Not Applicable
Suite, Apt. #	# etc	Suite, Apt.	#, etc.		•	1_	Certifcate of Sta	his Desired			5 Additional
_	, 0.00	27					Certificate of ota			Fee	Required
City & State		City & Sta	te			6.	Election Campai	gn Financing			00 May Be
		28					Trust Fund Cont				ed to Fees
23 Zip	Country	Zip		Country		8.	This corporation	owes the cur	rent year I	ntangible	
	25	29	30]		ŀ	Personal Proper	ty Tax.		☐ Yes	□ No
24	9. Name and Address of Curr		nt			10.	Name and Add	ress of New	Registere	d Agent	
	g. Hame and reasons			81	Name					•	
SZEN	NAY, CRAIG E				01	(D	O. Box Number	is Not Accent	able)		
	AVOCET DRIVE			82	Street Add	aress (P	O. BOX Number	araca a state		N. N. Wigg <u>iller z</u>	and the common three strates
	LEY CHAPEL FL 33544			83	- :		1 2 2 5	G 254793	知识数	11 (11) [1]	超期到版
,,,,,							A (C)		etite (1715) (R	68 9 dd 623	2000 Juli 181 1831
	•			84	City				F	L 85 2	Zip Code
and the second state of	to the provisions of Sections 607.0			45	named sor	rooration	n euhmite this eta	tement for the	- Durnose	of changing	its registered
.11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	:502 and 607.1508, Fi te of Florida∴Such ch	ionda Statutes,	orized by	the comorai	tion's bo	pard of directors.	I hereby acce	pt the app	ointment a	s registered
	PANSTALAN ANGINE, OF DOUR, IN GIC OW				ale corpora						
office or n			07.0505, Florida	Statutes	i.						
agent. I a	m ramiliar with, and accept the con	igations of, Section of	07.0505, Florida	Statutes	i. '						
agent. I a	Signature, typed or printed name of registered s	agent and title if applicable.	07.0505, Florida	Statutes	i. '	ired when r	reinstating)		DATE		
agent. I a	Signature, typed or printed name of registered s	agent and title if applicable. AND DIRECTORS	07,0505, Florida (NOTE: Rec	Statutes gistered Ager	i. '	ired when r	reinstating) 1		DATE	AND DIRE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered s	agent and title if applicable. AND DIRECTORS	07.0505, Florida	Statutes	i. '	ired when r	reinstating)		DATE		CTORS IN 12
office of Fagent. I a SIGNATURE 12.	Signature, typed or printed name of registered a	agent and title if applicable. AND DIRECTORS	07,0505, Florida (NOTE: Rec	Statutes gistered Ager	i. '	ired when r	reinstating) 1		DATE	AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered s OFFICERS PT SZENAY, CRAIG	agent and title if applicable. AND DIRECTORS	07,0505, Florida (NOTE: Rec	gistered Ager 13. 1.1 TITLE 1.2 NAME	i. '	ired when r	reinstating) 1		DATE	AND DIRE	CTORS IN 12
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered of OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR	agent and title if applicable. AND DIRECTORS	07,0505, Florida (NOTE: Rec	gistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature requi	ired when r	reinstating) 1		DATE	AND DIRE	CTORS IN 12
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered of OFFICERS. PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL	agent and title if applicable. AND DIRECTORS	07,0505, Florida (NOTE: Rec	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requi	ired when r	reinstating) 1		DATE	AND DIRE	CTORS IN 12
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered of OFFICERS. PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS	agent and title if applicable. AND DIRECTORS	07.0505, Florida (NOTE: Rec	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature requi	ired when r	reinstating) 1		DATE	AND DIRE	CTORS IN 12
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA	agent and title if applicable. AND DIRECTORS	07.0505, Florida (NOTE: Rec	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature requi	ired when r	reinstating) 1		DATE	AND DIRE	CTORS IN 12
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS. PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE	agent and title if applicable. AND DIRECTORS	07.0505, Florida (NOTE: Rec	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS	ired when r	reinstating) 1		DATE	AND DIRE	CTORS IN 12 nge Addition
office of ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA	agent and title if applicable. AND DIRECTORS	07.0505, Florida (NOTE: Rec	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS	ired when r	reinstating) 1		DATE	AND DIRE	CTORS IN 12 nge Addition nge Addition
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS. PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE	agent and title if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Res	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-IIILE 3.1 TITLE	T ADDRESS	ired when r	reinstating) 1		DATE	AND DIRE ☐ Chai	CTORS IN 12 nge Addition nge Addition
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered of OFFICERS. PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and title if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Res	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP ST-ZIP	ired when r	reinstating) 1		DATE	AND DIRE ☐ Chai	CTORS IN 12 nge Addition nge Addition
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered of OFFICERS. PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and title if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Res	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	ired when r	reinstating) 1		DATE	AND DIRE ☐ Chai	CTORS IN 12 nge Addition nge Addition
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered of OFFICERS. PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec) DELETE] DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-I 3.4 CITY-I 3.4 CITY-I 3.5 TREE 3.4 CITY-I 3.7 TITLE 3.7 NAME 3.8 TREE 3.4 CITY-I 3.7 TITLE 3.7 NAME 3.8 TREE 3.4 CITY-I 3.7 TITLE 3.7 NAME 3.8 TREE 3.4 CITY-I	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	ired when r	reinstating) 1		DATE FFICERS	AND DIRE ☐ Chai	CTORS IN 12 nge
Office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered of OFFICERS. PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Res	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	T ADDRESS TT ADDRESS TT ADDRESS ST-ZIP TT ADDRESS ST-ZIP	ired when r	reinstating) 1		DATE FFICERS	AND DIRE Cha	CTORS IN 12 nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered of OFFICERS. PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec) DELETE] DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	T ADDRESS TT ADDRESS TT ADDRESS ST-ZIP TT ADDRESS ST-ZIP	ired when r	reinstating) 1		DATE FFICERS	AND DIRE	CTORS IN 12 nge
Office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec) DELETE] DELETE] DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 STREE 4.5 STREE 4.5 STREE 4.5 STREE 4.5 STREE 4.5 STREE	T ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP	ired when r	reinstating) 1		DATE FFICERS	AND DIRE	CTORS IN 12 nge
Office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec) DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ired when r	reinstating) 1		DATE FFICERS	AND DIRE ☐ Cha	CTORS IN 12 nge
Office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec) DELETE] DELETE] DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	T ADDRESS TT ADDRESS TT ADDRESS ST-ZIP TT ADDRESS ST-ZIP TT ADDRESS ST-ZIP	ired when r	reinstating) 1		DATE FFICERS	AND DIRE	CTORS IN 12 nge
Office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec) DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-I 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ired when r	reinstating) 1		DATE FFICERS	AND DIRE ☐ Cha	CTORS IN 12 nge
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec) DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-I 5.1 TITLE 5.2 NAME	T ADDRESS TT ADDRESS TT ADDRESS ST-ZIP TT ADDRESS ST-ZIP TT ADDRESS ST-ZIP	ired when r	reinstating) i	ANGES TO O	DATE FFICERS	AND DIRE ☐ Cha	CTORS IN 12 nge
Office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec) DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-I 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP	ired when r	reinstating) i		DATE FFICERS	Cha	CTORS IN 12 nge
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec) DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ired when r	reinstating) i	ANGES TO O	DATE FFICERS	AND DIRE ☐ Cha	CTORS IN 12 nge
Office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-I 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-I 5.5 NAME 5.3 STREE 5.4 CITY-I 5.5 NAME 5.5 STREE 5.5 CITY-I 5. CITY-I 5. CITY-I 5. CITY-I 5. CITY-I 5. CITY-I 5. CIT	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ired when r	reinstating) i	ANGES TO O	DATE FFICERS	Cha	CTORS IN 12 nge
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS PT SZENAY, CRAIG 7739 AVOCET DR WESLEY CHAPEL FL VPS SZENAY, BRENDA 7739 AVOCET DRIVE WESLEY CHAPEL FL	agent and sittle if applicable. AND DIRECTORS	O7.0505, Florida (NOTE: Rec DELETE DELETE DELETE DELETE	Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME 4.5 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.4 CITY-S 5.5 NAME 5.4 CITY-S 5.5 NAME 5.5 N	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ired when r	reinstating) i	ANGES TO O	DATE FFICERS	Cha	CTORS IN 12 nge

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

SIGNATURE: