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	4. 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 concoration or the receiver or instee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	office or register agent. I am fami SIGNATURE ILE D AME JEFF TREET ADDRESS 2027 TTV-ST-ZIP TALL TTV-ST-ZIP TALL TTV-ST-ZIP MIR/ TTV-ST-ZIP MIR/ TTV-ST-ZIP TALL TTV-ST-ZIP TALL TTV-ST-ZIP TALL TTV-ST-ZIP TALL TREET ADDRESS TREET ADDRESS TREET ADDRESS TTY-ST-ZIP TTLE AME	ed agent, or both, in the State liar with and accept the ortifica e, byped or printed name of registered agen OFFICERS AN FERSON, CHARLES O 7 SKYLAND DRIVE LAHASSEE FL 32303 YD, DELBERT A 1 SW 82ND TERRACE AMAR FL 33025 YD, KENTON R 4 JOE LUOIS STREET	of Florida. Such change was at itions of, Section 607.0505, Flor Ant and title (Kopplicable. (NOTE ND DIRECTORS	es, the above-named cor uthorized by the corporat ida Statutes. Registered Agent signature requi 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 3.4 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 5.4 CITY-ST-ZIP 6.1 TITLE	poration submits this statement for the purpo ion's board of directors. I hereby accept the 	FL
	indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oam, that i an all of officer or director of the comportation or the repeiver or insteade anowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	office or register agent. I am fami SIGNATURE I2. ITLE D IAME JEFF TREET ADDRESS 2027 ITV-ST-ZIP TALL ITLE D ITTE D ITTE D ITTE D ITTE D ITTE D ITTE TADDRESS 1104 ITT-ST-ZIP TALL ITT-ST-ZIP MIR ITTE D ITTE ADDRESS 1104 ITT-ST-ZIP TALL ITTE I ITTE I I ITTE I I ITTE I I ITTE I I ITTE I I I I I I I I I I I I I I I I I I I	ed agent, or both, in the State liar with and accept the ortifica e, byped or printed name of registered agen OFFICERS AN FERSON, CHARLES O 7 SKYLAND DRIVE LAHASSEE FL 32303 YD, DELBERT A 1 SW 82ND TERRACE AMAR FL 33025 YD, KENTON R 4 JOE LUOIS STREET	of Florida. Such change was at itions of, Section 607.0505, Flor Ant and title (Kopplicable. (NOTE ND DIRECTORS	es, the above-named cor uthorized by the corporal registered Agent signature requi 13	poration submits this statement for the purpo ion's board of directors. I hereby accept the 	FL
		office or register agent. I am fami IGNATURE Signatur 2. TLE D WE JEFF REET ADDRESS 2027 TY-ST-ZIP TALL TLE D ME FLO IREET ADDRESS 1104 TY-ST-ZIP TALL TLE D WE FLO IREET ADDRESS 1104 TY-ST-ZIP TALL TLE WE REET ADDRESS 1104 TY-ST-ZIP TALL REET ADDRESS TY-ST-ZIP TALL REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS	ed agent, or both, in the State liar with and accept the office of typed or printed name of registered age —OFFICERS AN FERSON, CHARLES O 7 SKYLAND DRIVE LAHASSEE FL 32303 YD, DELBERT A 1 SW 82ND TERRACE AMAR FL 33025 YD, KENTON R 4 JOE LUOIS STREET LAHASSEE FL 32304	It his filing does not qualify for lanual report is true and accu	es, the above-named cor uthorized by the corporat ida Statutes. Registered Agent signature requi 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 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Section 119.07(3)(/), Florida Statutes. I furthe	FL