S20 S	BA ISBN 05 1.E. Songer Address of Business Songer Address Song	2308 162ND ST. E. 2308 162ND ST. E. BRADENTON FL 34202 BRADENTON FL 34202 JS US . Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 21p Country Suite Country 5. Name and Address of Current Registered Agent 7. Name and Address	NOT WRITE IN THIS SPACE D694463 Applied For Not Applicable S Desired \$8.75 Additional Fee Required s of New Registered Agent
SB 1500 ST.E. 200 1500 CT.E. BORDING R, SKO2 BORDING R, SKO2 Soles Appl. F, SKO2 BORDING R, SKO2 Soles Appl. F, More Soles Appl. F, etc. Drindoud Phone of Blanness Out Appl. F, etc. Drindoud Phone of Blanness Out Appl. F, etc. Drindoud Phone of Blanness Out Appl. F, etc. Drindoud Phone of Blanne Appl. F, etc. Do NOT WAITE IN THIS SPACE Charter Appl. F, etc. Do Not WAITE IN THIS SPACE Soles T, E. Score Address of FOW Phone Tec. BRADENTON FL 34322 The manual Address of Current Registered Appent The doore name de ettity submits to the purpose of charging its registered appl. Or Don, Is the State of Dords. L an Territor With. and accord the doore name de ettity submits to the purpose of the appl. The appl. Finance (Lag Appl.	Bit ISBN 02. 200 HEAD 07.E. BINDERTON FL SACE US 200 HEAD 07.E. BINDERTON FL SACE US DUAL OF THE USE AND USE CONTROL OF THE USE AND US	2308 162ND ST. E. 2308 162ND ST. E. BRADENTON FL 34202 BRADENTON FL 34202 JS US . Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 2ip Country 5. Certificate of Status 6. Name and Address of Current Registered Agent	NOT WRITE IN THIS SPACE D694463 Applied For Not Applicable S Desired \$8.75 Additional Fee Required s of New Registered Agent
Principal Place of Buandes 9. Marting Address 3. Marting Address DO NOT Will I: IN THIS SPACE Suito, Apr. 4. etc. Suite, Apr. 4. etc. DO NOT Will I: IN THIS SPACE Chy 6 Suite Country 4. FEI Number 65:0694463 Intel Applicable 20 Country 4. Certificate of Status Desired 96:0694463 Intel Applicable 20 Country 4. Certificate of Status Desired 96:0694463 Intel Applicable 20 Country 4. Certificate of Status Desired Applicable Intel Applicable 20 Country 4. Certificate of Status Desired Applicable Intel Applicable 20 Country 4. Certificate of Status Desired Applicable Intel Applicable 20 Country 4. Set Address of New Registered Appr. Intel Applicable Intel Applicable 2008 12005 12005 12 Based Address of Current Registered Appr. Intel Applicable Intel Applicable Intel Applicable 2008 12005 12 Marce Status Applicable Intel Applicable Intel Applicable Intel Applicable Intel Applicable 2000 100 12 Marce Status	Principal Prace of Business	Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address	DONOT WRITE IN THIS SPACE D694463 D694463 Desired \$8.75 Additional Fee Required s of New Registered Agent
Suite, Apt. 4, etc. Suite, Apt. 4, etc. DO NOT WRITE IN THIS SPACE Chy & Suite Ony & State 4. FEI Number 65:06544653 Applicating The Country 2, Centification of Status Desired State, Applicating A. Nume and Address of Current Registered Agent 7. Name and Address of New Registered Agent No. Applicating • Name Name Name State Applicating • Name Name Name No. Applicating • Name Name Name Name • Name State Address (P.O. Box Number is Not Acceptable) Not Acceptable) State Address (P.O. Box Number is Not Acceptable) One Not Acceptable) Not Acceptable) The scoore named entity scheme date date of control is applicating at the totagene date of control is totagene date of con	Suite, Apil, 4, etc. DO NOT Will II: IN THIS SPACE City & Saise Ory & Saise 4, FEI Number 65-0694463 Interpretation Zig Country 2, Candicator of Saine, Dearned 9, FAidmini Zig Country 2, Candicator of Saine, Dearned 9, FAidmini Zig Country 2, Candicator of Saine, Dearned 9, FAidmini Zig Country 2, Candicator of Saine, Dearned 9, FAidmini Zig Country 2, Candicator of Saine, Dearned 9, FAidmini Zig Country 2, Candicator of Saine, Dearned 9, FL Zig Country 2, Candicator of Saine, Dearned 9, FL Zig Country 1, Name and Address of New Registered Agent Vision Name Name 1, Name and Address of New Registered Agent Vision Mark Saines Ority FL 2, Dode Processor Mark Saines Ority FL 2, Dode Intel Saines Ority FL 2, Dode Name Processor Address of Name 1, Candicator of Saine, Dearned 1, Candicator Mark Saine Saine <td>Suite, Apt. #, etc. Suite, Apt. #, etc. DO City & State City & State 4. FEI Number 65-0 Zip Country Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address</td> <td>DONOT WRITE IN THIS SPACE D694463 D694463 Desired \$8.75 Additional Fee Required s of New Registered Agent</td>	Suite, Apt. #, etc. Suite, Apt. #, etc. DO City & State City & State 4. FEI Number 65-0 Zip Country Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address	DONOT WRITE IN THIS SPACE D694463 D694463 Desired \$8.75 Additional Fee Required s of New Registered Agent
City & State City & State 4. FB Number (5:0084463) Applicate Zip Country 20 Country 5. Certificate of Shitus Desired 192.75 Additional Zip Country 20 Country 5. Certificate of Shitus Desired 192.75 Additional Stream Anamia and Address of Current Registered Agent 7. Name and Address of New Registered Agent Intervent Stream Name Name Name and Address of New Registered Agent Intervent Stream Name Stream Address (P.O. Box Number is Not Acceptable) Intervent 2009 162ND ST. E. Stream Address (P.O. Box Number is Not Acceptable) Intervent BRADENTOR FL 34202 City FL Zip Code The above named entity submits in this statement for the purpose of charging its registered agent, or both, in the State of Fords Litem Name with, and accept for the obligation or inguistered agent. Intervent for the purpose of charging its registered Agent doctare not and with registered Agent doctare not and with a state of the obligation or inguistered agent. Intervent for the purpose of charging its registered Agent doctare not and with a state of Fords Lite and families with, and accept for the obligation or inguistered agent. Mint Corporation of inguister agent and the registered Agent of the obligation or inguistered agent. Intervent for the fords Lite Age	City & State City	City & State City & State 4. FEI Number 65-0 Zip Country Zip Country 5. Certificate of Status 6. Name and Address of Current Registered Agent 7. Name and Address	D694463 Applied For Not Applicable s Desired
City & State City & State 4. FEI Number Geodesides Market and States	Chy & State City & State 4. FEI Number 65-0694463 Applied Fix Zip Country Zip Country 8. Control State Description State Description S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent GLUEF, GERALD Stote Address (P.O. Box Number is Net Address of New Registered Agent Name MUDUF, GERALD Stote Address (P.O. Box Number is Net Address of New Registered Agent Name Stote Address (P.O. Box Number is Net Address of New Registered Agent Name City Data for No State Stote Address (P.O. Box Number is Net Address of New Registered Agent Data The adove named entry submits his statement for the purpose of changing its registered agent, or both, in the State of Flocids. Lam familiar web, and accept houspace of agent agent agent agent, or both, in the State of Flocids. Lam familiar web, and accept houspace of agent age	Zip Country Zip Country 5. Certificate of Status 6. Name and Address of Current Registered Agent 7. Name and Address	0694463 Applied For Not Applicable s Desired \$8.75 Additional Fee Required s of New Registered Agent
Zip Country Zip Country \$. Certificate of Status Desired \$8.75 Additional res Righted 6. Name and Address of Current Registered Agent Name Name Street Address of New Registered Agent KLDUFF, GERALD 2006 REXD ST. E. BRADENTOR FL 34202 Name Name Name Street Address (P.O. Box Numbor is Not Acceptebble) City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. 1 and tamber with, and accept the obligations of registered agent. Onte Onte Sharek Address (P.O. Box Numbor is Not Acceptebble) Onte Onte Onte Onte The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. 1 and tamber with, and accept the obligations agent at the respective. Onte Onte The above named entity submits the statement for the purpose of changing its registered Agent. Onte Onte Onte City or current and actes to do no. Atter September 13, 2002 Fee will be \$750.00 Atter September 14, 2002 Feerit Bank Changer Admit Beak Changer Find Co	Zpp Country Zpp Country \$. Certification of Statutus Desired \$\$. 75 Accounted for the property of th	Zip Country Zip Country 5. Certificate of Status 6. Name and Address of Current Registered Agent 7. Name and Address 7. Name and Address	s Desired \$8.75 Additional Fee Required s of New Registered Agent
Building and Address of Verrent Registered Agent I. Amme and Address of Verr Registered Agent I. Name I. Name and Address of Verr Registered Agent I. Name I. Nam		6. Name and Address of Current Registered Agent 7. Name and Address	s of New Registered Agent
Name Nume Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Dry FL Zp Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam territian with, and accept the obligations of registered agent. Dry FL Zp Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam territian with, and accept the obligations of registered agent. DNT The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam territian with, and accept the obligations of registered agent. DNT SNATURE The orthogradient and states its is the state of registered agent. ONT Extended agent of the state of registered agent. SNATURE Orther Spectrement and states its is do as on. Mer September 18, 2002 Fee will be \$750.00 Note Tota fund Contribution. \$5.00 May Be Added to Fees State flor registered agent on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 State Addess TO OFFICERS AND	Nume Name Stored Address (P.O. Box Number is Not Acceptable) Stored Address (P.O. Box Number is Not Acceptable) Stored Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits the statement for the purpose of changing its registered agent, or born, in the State of Forids. I am familiar with, and accept is not objected agent. I am familiar with, and accept is not objected agent. NATURE Image: Image is the statement for the purpose of changing its registered agent, or born, in the State of Forids. I am familiar with, and accept is not objected agent. I am familiar with, and accept is the objected agent. NATURE Image: Image is the objected agent. I am familiar with, and accept is the objected agent. I am familiar with, and accept is the objected agent. NATURE Image is the objected agent. I am familiar with, and accept is the objected agent. I am familiar with, and accept is the objected agent. I am familiar with, and accept is the objected agent. NATURE Image is the objected agent. I am familiar with, and accept is the objected agent. I am familiar with, and accept is the objected agent. I am familiar with, and accept is the objected agent. State Ide of the objected agent. If the Store Address Store I agent agen		
2008 182ND ST. E. Streef Address (P-O. Box Number is Not Acceptable). GRUENTON FL 34202 City FL Zip Code The above named entity submits this statament for the purpose of changing its registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent, and the obligations of registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent, and the obligations of registered agent, and the obligation of the obligation and the obligations of registered agent, and the obligations of registered agent, and the obligations of registered agent, and accept the obligations of registered agent. SNATURE Splanke, there optimed rame of registered agent, and the obligations of registered agent, and accept the obligation of the obligation of the optimed rame of registered agent, and accept the obligations of registered agent, and accept the obligation of the optimed rame of registered agent, and accept the obligation of the optimed rame of registered agent, and accept the obligation of registered agent, and accept the optimed rame of registered agent, and accept the acce			
BRADENTON FL 34202 City FL Zip Code City FL Zip Code City FL Zip Code City City City		Street Address (P.O. Box Number is Not	Acceptable)
Dify FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Image: Control of	City FL Zip Code The above named entity submits the statement for the purpose of changing its registered agent, or borb, in the State of Florida. I an tambiar with, and accept here obligations of registered agent. I an tambiar with, and accept is a construction of the purpose of changing its registered agent, or borb, in the State of Florida. I an tambiar with, and accept is a construction of registered agent. NATURE	2308 162ND ST. E	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the integrations of registered agent and the integration of registered agent and the integration of registered agent. ShATURE greater, freed or photon states of the integration. OPTER provide a more of registered agent and the integration. OPTER provide a more of registered agent and the integration. OPTER provide a more of registered agent and the integration. OPTER provide a more of registered agent and the integration. OPTER provide a more of registered agent and the integration. OPTER provide a more of registered agent and the integration. OPTER provide a more of registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more and registered agent and the integration. OPTER provide a more agent and the integration. OPTER provide agent agent agent agent agent agent agent agent agent	The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NATURE		
SNATURE	NATURE		
Sprawn, typed of bielest and of the is applicable. (NOTE Higherer Aged along alo	Signature, typed or predered with a digitable (NOTE: Higgstreen Agent adjusture registed adjust with register Agent adjusture register Adjusting register adjustin	the obligations of registered agent.	
This corporation is eligible to satisfy is intanglible Tax filling requirement and elects to do so. (Gee criteria on back)	This corporation is eligible to satisfy its intrargible Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T 2 ADDITIONS/CHANGES TE STRET ADDRESS CH1-ST-2P Change Addition T 2 ADDRESS ST-2P T 2 ADDRESS CHANGES CHANGES CHANGES CHANGES CHANGES CHANGES STRET ADDRESS ST-2P T 2 ADDRESS CHANGES CHANGES CHANGES CHANGES CHANGES STRET ADDRESS ST-2P T 2 ADDRESS CHANGES CHANGES CHANGES CHANGES CHANGES STRET ADDRESS CHANGES CHANGES STRET ADDRESS CHANGE STRET AD	GNATURE	
Tax filling requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. \$5.00 May Be Added to Fees Trust Fund Contribution. 0 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 E PTS KILDUFF, GERALD E SUBJECTOR FL Delete TTLE MAME Change Addition E VP Delete TTLE MAME OFFICERS AND DIRECTORS IN 11 Change Addition E VP Delete TTLE MAME Change Addition ST-72P BRADENTON FL Delete TTLE NAME Change Addition E VP Delete TTLE NAME STRET ADDRESS Change Addition ST-72P BRADENTON FL Delete TTLE NAME STRET ADDRESS Change Addition ST-72P Delete TTLE NAME STRET ADDRESS Change Addition ST-72P Delete TTLE NAME STRET ADDRESS Change Addition ST-72P Delete TTLE NAME STRET ADDRESS Change Add	Tax filling requirement and elects to do so. After September 13, 2002 Fee will be \$750,00 10. Election Campaign Financing St.00 May Be Addidot Fees Tout Fund Contribution. Added to Fees Tout Fund Contribution. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTS FIG. Delete TILE Addition Change Addition State State TILE Addition Change Addition State Delete TILE Addition State BRADENTON FL Delete TILE Change Addition VP WILDUFF, KIM State OTFIGER ADD Esconses Compage Addition State BRADENTON FL OTFIGER ADDESCONSES OTFIGER ADDESCONSES OTFIGER ADDESCONSES State Delete TILE OTFIGER ADDESCONSES OTFIGER ADDESCONSES OTFIGER ADDESCONSES State Delete TILE OTFIGER ADDESCONSES OTFIGER ADDESCONSES OTFIGER ADDESCONSES State Delete TILE OTFIGER ADDESCONSES OTFIGER ADDESCONSES OTFIGER ADDESCONSES State Delete TILE NAME Othange Addition		DATE
OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 E PTS Inte Inte <t< th=""><th>OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTS □ Delete TILE □ Change Addition ST-2P BRADENTON FL □ Change Addition ST-2P BRADENTON FL □ Delete TILE □ Change Addition YP INLE □ Delete TILE □ Change Addition ST-2P BRADENTON FL □ Change Addition Change Addition YP NUME □ Delete TILE □ Change Addition ST-2P BRADENTON FL □ Change Addition Change Addition TADDRESS □ Delete TILE □ Change Addition ST-2P □ Delete TILE □ Change Addition TADDRESS □ Delete TILE □ Change Addition ST-2P □ Delete TILE □ Change Addition TADDRESS □ Delete TILE □ Change Addition ST-2P □ Delete TILE □ Change Addition TADDRESS □ Delete <</th><th>Tax filling requirement and elects to do so. After September 13, 2002 Fee will be \$750.00</th><th>Contribution.</th></t<>	OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTS □ Delete TILE □ Change Addition ST-2P BRADENTON FL □ Change Addition ST-2P BRADENTON FL □ Delete TILE □ Change Addition YP INLE □ Delete TILE □ Change Addition ST-2P BRADENTON FL □ Change Addition Change Addition YP NUME □ Delete TILE □ Change Addition ST-2P BRADENTON FL □ Change Addition Change Addition TADDRESS □ Delete TILE □ Change Addition ST-2P □ Delete TILE □ Change Addition TADDRESS □ Delete TILE □ Change Addition ST-2P □ Delete TILE □ Change Addition TADDRESS □ Delete TILE □ Change Addition ST-2P □ Delete TILE □ Change Addition TADDRESS □ Delete <	Tax filling requirement and elects to do so. After September 13, 2002 Fee will be \$750.00	Contribution.
#E KLDUFF, GERALD E NME Induition Induition Induition EEF ADDRESS CITV-SI: 20P CITV-SI: 20P Induition Induition Induition E VP Induition Delete ITTLE Induition Induition Induition SI: 2P RADDENTON FL CITV-SI: 2P Induition Induition Induition Induition SI: 2P RADDENTON FL CITV-SI: 2P Intell Intell Intell Intell SI: 2P RADDENTON FL CITV-SI: 2P Intell Intell Intell Intell E VP Intell Intell Intell Intell Intell Intell SI: 2P Intell In	KILDUFF, GERALD E NME STREET ADDRESS STREET ADDRESS ST.2P RADENTON FL Change Addition VP Delete TTLE NAME Addition KILDUFF, KIM STREET ADDRESS STREET ADDRESS CTN-ST-2P CTN-ST-2P TADDRESS 2008 162/ND ST E STREET ADDRESS CTN-ST-2P CTN-ST-2P TADDRESS STREET ADDRESS CTN-ST-2P CTN-ST-2P CTN-ST-2P TADDRESS STREET ADDRESS CTN-ST-2P Addition TADDRESS STREET ADDRESS CTN-ST-2P CTN-ST-2P TADDRESS CTN-ST-2P CTN-ST-2P CTN-ST-2P <td< th=""><th>, Benneko/eriakte</th><th>S TO OFFICERS AND DIRECTORS IN 11</th></td<>	, Benneko/eriakte	S TO OFFICERS AND DIRECTORS IN 11
Mathematical Street ADDRESS NAME So3 162AD ST E STREET ADDRESS ST-2P CITY-ST-2P E Delete TLE NAME ST-2P STREET ADDRESS ST-2P STREET ADDRESS ST-2P STREET ADDRESS ST-2P CITY-ST-2P E Delete FT ADDRESS CITY-ST-2P E Delete TLE CITY-ST-2P ST-2P CITY-ST-2P E Delete TLE Change NAME STRET ADDRESS ST-2P CITY-ST-2P ST-2P CITY-ST-2P E Delete TLE NAME ST-2P CITY-ST-2P ST-2P CITY-ST-2P ST-2P CITY-ST-2P ST-2P CITY-ST-2P E Delete TTLE Change NAME ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ST-2P CITY-ST-2P E Delete TTLE Change NAME STRET ADDRESS ST-2P ST-2P ST-2P	Fr ADDRESS NILDUFF, KIM 2308 162ND ST E ST 2P NME STREET ADDRESS STREET ADDRESS CITY-ST-2P T ADDRESS Delete TILE NAME Delete TILE NAME T ADDRESS Delete TILE NAME Delete Addition T ADDRESS Delete TILE NAME Delete Addition T ADDRESS CITY-ST-2P Delete Addition T ADDRESS CITY-ST-2P Delete Addition T ADDRESS STRET ADDRESS CITY-ST-2P CITY-ST-2P T ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P T ADDRESS CITY-ST-2P CITY-ST-2P		Change Addition
Mathematical Street ADDRESS NAME So3 162AD ST E STREET ADDRESS ST-2P CITY-ST-2P E Delete TLE NAME ST-2P STREET ADDRESS ST-2P STREET ADDRESS ST-2P STREET ADDRESS ST-2P CITY-ST-2P E Delete FT ADDRESS CITY-ST-2P E Delete TLE CITY-ST-2P ST-2P CITY-ST-2P E Delete TLE Change NAME STRET ADDRESS ST-2P CITY-ST-2P ST-2P CITY-ST-2P E Delete TLE NAME ST-2P CITY-ST-2P ST-2P CITY-ST-2P ST-2P CITY-ST-2P ST-2P CITY-ST-2P E Delete TTLE Change NAME ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ST-2P CITY-ST-2P E Delete TTLE Change NAME STRET ADDRESS ST-2P ST-2P ST-2P	Fr ADDRESS NILDUFF, KIM 2308 162ND ST E ST 2P NME STREET ADDRESS STREET ADDRESS CITY-ST-2P T ADDRESS Delete TILE NAME Delete TILE NAME T ADDRESS Delete TILE NAME Delete Addition T ADDRESS Delete TILE NAME Delete Addition T ADDRESS CITY-ST-2P Delete Addition T ADDRESS CITY-ST-2P Delete Addition T ADDRESS STRET ADDRESS CITY-ST-2P CITY-ST-2P T ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P T ADDRESS CITY-ST-2P CITY-ST-2P	REET ADDRESS 2308 162ND ST E STREET ADDRESS	334 (0
Mathematical Street ADDRESS NAME So3 162AD ST E STREET ADDRESS ST-2P CITY-ST-2P E Delete TLE NAME ST-2P STREET ADDRESS ST-2P STREET ADDRESS ST-2P STREET ADDRESS ST-2P CITY-ST-2P E Delete FT ADDRESS CITY-ST-2P E Delete TLE CITY-ST-2P ST-2P CITY-ST-2P E Delete TLE Change NAME STRET ADDRESS ST-2P CITY-ST-2P ST-2P CITY-ST-2P E Delete TLE NAME ST-2P CITY-ST-2P ST-2P CITY-ST-2P ST-2P CITY-ST-2P ST-2P CITY-ST-2P E Delete TTLE Change NAME ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ST-2P CITY-ST-2P E Delete TTLE Change NAME STRET ADDRESS ST-2P ST-2P ST-2P	Fr ADDRESS NILDUFF, KIM 2308 162ND ST E ST 2P NME STREET ADDRESS STREET ADDRESS CITY-ST-2P T ADDRESS Delete TILE NAME Delete TILE NAME T ADDRESS Delete TILE NAME Delete Addition T ADDRESS Delete TILE NAME Delete Addition T ADDRESS CITY-ST-2P Delete Addition T ADDRESS CITY-ST-2P Delete Addition T ADDRESS STRET ADDRESS CITY-ST-2P CITY-ST-2P T ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P T ADDRESS CITY-ST-2P CITY-ST-2P		SEC
-sT-2P BRODENTON FL CITY-ST-2P E IDelete ITTLE NAME STREET ADDRESS -ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P E IDelete TITLE NAME STREET ADDRESS -ST-2P CITY-ST-2P E IDelete TITLE E IDelete TITLE E IDelete TITLE ST-2P CITY-ST-2P IDelete E IDelete TITLE E IDelete TITLE E IDelete TITLE NAME STREET ADDRESS CITY-ST-2P E IDelete TITLE NAME STREET ADDRESS CITY-ST-2P E IDelete TITLE NAME CITY-ST-2P IDelete E IDelete TITLE NAME CITY-ST-2P IDelete STREET ADDRESS CITY-ST-2P ST-2P IDelete TITLE NAME STREET ADDRESS CITY-ST-2P <tr< td=""><td>ST-2P Delete TTLE Change Addition T ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP It ADDRESS STREET ADDRESS CITY-ST-ZP It ADDRESS STREET ADDRESS CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP It ADDRESS STREET ADDRESS CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP It ADDRESS</td><td>ME KILDUFF, KIM</td><td></td></tr<>	ST-2P Delete TTLE Change Addition T ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP It ADDRESS STREET ADDRESS CITY-ST-ZP It ADDRESS STREET ADDRESS CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP It ADDRESS STREET ADDRESS CITY-ST-ZP It ADDRESS CITY-ST-ZP CITY-ST-ZP It ADDRESS	ME KILDUFF, KIM	
E Intervention nucleon Intervention nucleon ie Intervention nucleon Intervention nucleon istrict Intervention Intervention istret Intervention	Directive Dread	REET ADDRESS 2308 162ND ST E STREET ADDRESS	
HE NAME EET ADDRESS STREET ADDRESS -ST-ZIP Delete E Delete TITLE Change NAME STREET ADDRESS -ST-ZIP E CTV-ST-ZIP E CTV-ST-ZIP CTV-ST-ZIP CTV-ST-ZIP CTV-ST-ZIP CTV-ST-ZIP CTV-ST-ZIP CTV-ST-ZIP CTV-ST-ZIP CTV-ST-ZIP<	IT ADDRESS NAME ST-ZIP Delete IT ADDRESS CITY-ST-ZIP IT ADDRESS CITY-ST-ZIP IT ADDRESS STREET ADDRESS ST-ZIP Delete IT ADDRESS STREET ADDRESS ST-ZIP Delete IT ADDRESS STREET ADDRESS ST-ZIP Delete IT ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP IT ADDRESS STREET ADDRESS ST-ZIP Delete TADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP IT ADDRESS CITY-ST-ZIP		
5T-ZIP CITY-ST-ZIP E Delete IFE ITLE WE STREET ADDRESS -ST-ZIP CITY-ST-ZIP E STREET ADDRESS -ST-ZIP CITY-ST-ZIP E Delete TILE CITY-ST-ZIP E Delete TILE CITY-ST-ZIP E Delete TILE Change Addition NAME STREET ADDRESS -ST-ZIP CITY-ST-ZIP E Delete TTLE NAME STREET ADDRESS -ST-ZIP CITY-ST-ZIP E CITY-ST-ZIP E CITY-ST-ZIP E CITY-ST-ZIP E Delete TILE Change Addition NAME E TILE F Delete TILE Change Addition NAME ST-ZIP CITY-ST-ZIP I hereby certify that	ST-ZIP CITV-ST-ZIP IT ADDRESS CITV-ST-ZIP ST-ZIP Delete IT ADDRESS STREET ADDRESS ST-ZIP Delete In Addition NAME STREET ADDRESS CITV-ST-ZIP In hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the receiver or trustee empowered.	ME NAME	
E Delete TITLE Change Addition ET ADDRESS STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP E Delete TITLE Change Addition E Delete TITLE Change Addition E Delete TITLE Change Addition F Delete TITLE Change Addition F Delete TITLE Change Addition F Addition NAME STRET ADDRESS CITY-ST-ZIP C STRET ADDRESS STRET ADDRESS CITY-ST-ZIP Addition E Delete TITLE Change Addition NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP E Delete TITLE Change Addition NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I Intersection of the concord of this report of section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of section 119.07(3)(1), Florida Statutes. I further certify that the information of the concord of this report of section of the concord of this report of section of t	Image: TADDRESS Image: TadDRESS ST-ZIP Image: TadDRESS Image: TadDRESS Image: TadDRESS Image: TadDRESS ST-ZIP Image: TadDRESS Image: TadDRESS Image: TadDRESS ST-ZIP	STREET RODIES	
Image: Best of the second the second of the second of the second of t	IT ADDRESS STREET ADDRESS ST-ZIP Delete TADDRESS TITLE ST-ZIP Change Addition TADDRESS ST-ZIP Delete TADDRESS ST-ZIP Delete TITLE NAME ST-ZIP Delete TITLE NAME ST-ZIP Delete TITLE NAME <tr< td=""><td></td><td>Change Addition</td></tr<>		Change Addition
-ST-ZIP CITY-ST-ZIP E Delete E TITLE NAME STREET ADDRESS -ST-ZIP CITY-ST-ZIP E Delete TADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP E Delete TITLE CITY-ST-ZIP E Delete TADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP E Delete TADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 thus encowered to accurate and that my signature 602 The corporation or thus encowered to accurate and that my signature 602 Of the corporation or thus encowered to accurate and that my signature 602 Of the corporation or thus encowered to accurate and that my signature 602	ST-ZIP CITY - ST-ZIP T ADDRESS Delete ST-ZIP CITY - ST-ZIP T ADDRESS STREET ADDRESS ST-ZIP CITY - ST-ZIP Delete TILE NAME STREET ADDRESS ST-ZIP CITY - ST-ZIP Delete TILE NAME CITY - ST-ZIP CITY - ST-ZIP CITY - ST-ZIP Delete TILE NAME CITY - ST-ZIP CITY - ST-ZIP CITY - ST-ZIP In ADDRESS STREET ADDRESS ST-ZIP CITY - ST-ZIP In ADDRESS CITY - ST-ZIP In hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reficer 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 11 or Block 12 if chapter and other with all other like empowered.		
E Intell	T ADDRESS ST-ZIP Change Addition Change Addition Change Addition Change Addition Change Addition Change Cha	STALL ADDILLO	
ET ADDRESS -ST-ZIP CITY-ST-ZIP CITY-ST-ZI	TADDRESS ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete THE ADDRESS CITY-ST-ZIP Change Addition AME Addition NAME ADDRESS ST-ZIP CITY-ST-ZIP CI		Change Addition
-ST-ZIP CITY-ST-ZIP CITY-ST-ZI	ST-ZIP CITY-ST-ZIP Implementation CITY-ST-ZIP Implementation Delete TADDRESS TITLE ST-ZIP Implementation Implementation CITY-ST-ZIP Implementaticopont CITY-ST-ZIP		
E I Delec I III III III III III IIII IIII III	T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS THE T ADDRES THE T ADDRESS THE T ADDRESS THE	STILL ADDILOS	
ET ADDRESS -ST-ZIP 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 report or supplemental 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 emovement to execute this report as required by Cherotor 602 Encided Section 119.07(3)(i).	TADRESS ST-ZIP 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.		
-ST-ZIP CITY-ST-ZIP CITY-ST-ZI	ST-ZIP CITY-ST-ZIP		
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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	changed, or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP	
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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	changed, or on an attachment with an address, with all other like empowered.	I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida indicated on this report or supplemental report is true and accurate and that my signature shall have the same local difference in the sam	Statutes. I further certify that the information
		of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that changed, or on an attachment with an address, with all other like empowered.	t my name appears in Block 11 or Block 12 if