2003 FOR PROFIT CORPORATION

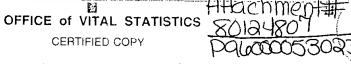
2(UN	003 FOR PROF IIFORM BUSINI	IT CORPOR	RATION RT (UBR)	FILED Jun 06, 2003 8:00 am
DOCU	MENT # P960 0	00053023		Secretary of State 06-06-2003 90044 036 ***150.00
Principal Plac 3011 ENDSLE BROOKSVILLI		Mailing Address 3011 ENDSLEY ROAD BROOKSVILLE FL 34609)	
2. Principal F	Place of Business	3. Mailing Address		-
Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & Star	te	City & State		4. FEI Number 59-3391711 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
FOF CH	ARLOTTE M		Name	· · · · · · · · · · · · · · · · · · ·
	DSLEY RD		Street Address	(P.O. Box Number is Not Acceptable)
	VILLE FL 34609			
			City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature require	d when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOE, STEPHEN O 3011 ENDSLEY ROAD BROOKSVILLE FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition CO34 (10/05)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOE, CHARLOTTE M 3011 ENDSLEY ROAD BROOKSVILLE FL 34609	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

CERTIFIED COPY



CERTIFICATE OF DEATH

AL FILE NO.		LORIDA			
DECEDENT'S NAME FIRST James	MIDDLE Edway	-d	McKenzie		Male
DATE OF CEATH (Month, Day, Year)	4. SOCIAL SECURITY NUI		5a. AGE-Last Birthday (years)	Sb. UNCER 1 YE	L
April 24, 2003	010 01 79	953	(years) 83	LL	Days Hours Idinutes
DATE OF BIRTH (Month, Day, Year) May 29, 1919	7. BIRTHPLACE (City and			8.	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or Mr)
		Massachuset	ts		yes
PLACE OF DEATH (Check only one: see instructions SELYAL: Inputient X_ER/Outpatient DOA		sing Home Residence	Other (Specify)	· 90.	INSIDE CITY LIMITS? (1980) NO VOS
FACILITY NAME (If not institution, give street and nur		9d. CITY, TOWN, OR	LOCATION OF DEATH	9e.	COUNTY OF DEATH
Largo Medical Center		Larg			Pinellas Pinellas
a DECEDENT'S USUAL OCCUPATION 10b. KIND OF	BUSINESS/INDUSTRY	 MARITAL STATUS - N Never Married, Widow 		3 SPOUSE (If wite	e,-give insiden name)
Career Military: U.S.	ARMY	Divorced (Specily)Widowed			
RESIDENCE - STATE 13b. COUNTY	13c. CITY, TOWN, OR LO	NOITAS	13d, STREET AND	NUMBER	· ·
Florida Pinellas	Seminole	· <u>-</u>	11950	68th Ave	ilue North
	DECEDENT OF HISPANIC Coffy No or Yes - If yes, specific		15. RACE - American Black, White, etc.		CEDENT'S EDUCATION eally only highest grade complete
Yes 33772 Mexi	can, Puerto Rican, etc.) X		Specily: Whit	Ere.ment	nary/Secondary Codlegs (1-4 or 3 -
FATHER'S NAME (First, Middle, Last)	eny.	18. MOTHER'S	NAME (First, Middle, Mai		1 4
John l	McKenzie		lotte		rtin
a. INFORMANT'S NAME (Type/Print)		G ADDRESS (Street and			
Robert J. McKenzie	125 5th	Avenue NE †	2/U- St. Pe		5 F1. 33/01 City of 10.00. State
a. METHOD OF DISPOSITION Burial Cremation Removal from	other place)	Camer (wame or ceme	ery, crematory, or		,
Other (Specify)		National Ce	metery	Bay Pi	nes, Florida
SIGNATURE OF FUNERAL SERVICE LICENSEE O	21b. LICENSE NU (of Licensee)		ND ADDRESS OF FACI		5.4
E. Juna Seece.	1599	E. Jam	es Reese Fu		
	<i>II</i>		the basis of examinatio	n and/or investigat	ole Fla. 33772
the cause(s) as stated. (Signature and Title) ▶ Manch	Dynus ge	¬ n € (Sinnati	the time, date and place tre and Title) ▶	and due to the sa	ause(s) and manner as states.
≥ 22b. DATE SIGNED (Mo., Day, W) 22c.	HOUR OF DEATH	Q X 23b. DA	E SIGNED (Mo., Day, Y	n 23	g. HOUR OF DEATH
25 A-4-1 2/1 0000 1	2 70	Z [Ēm	2 314.125 (3101) 413/	· -	
April 24, 2003		Print) M S 7 23d ME			1.
April 24, 2003			DICAL EXAMINER'S CA		
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22d. NAME OF ATTENDING PHYSICIAN IF OTHER NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, David H, Silverstein	THAN CERTIFIER (Type or I MEDICAL EXAMINER).(Type ,M.D. 5880-49	Print) 의 23d. ME 일 및 23d. ME	#207 St. F		a. 33709
22d. NAME OF ATTENDING PHYSICIAN IF OTHER NAME AND ADDRESS OF CERTIFIER (PHYSICIAN) David H, Silverstein 25a. Subredistrar - Signature and date	THAN CERTIFIER (Type or I MEDICAL EXAMINER).(Type ,M.D. 5880-49	Print) 23d ME Prints or Prints Oth . St . No .	#207 St. F	SE #	
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Caroly DeLuggue Chief Deputy Registrar, Pinellas County

State Registrar

issued: Apr. 29, 2003

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