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indicated on this report of supplemental reports 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 trusted emergence of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on on attachment with an officers with a other like empowered.	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	V TURKOVICS, RANDOLPH H 401 E CHASE ST 104 PENSACOLA FL 32501 V JAMES, JANE A 401 E CHASE STREET, SUITE PENSACOLA FL 32501 V JAMES, DONALD E 401 E CHASE STREET, SUITE	Delete 104 Delete 104 Delete 104 Delete	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 NAME STREET ADDRESS		Chr Chr Chr	ange Addition
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