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E 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP Thereby 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 indicated for this social 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	office or re agent. I am SNATURE E E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	gistered agent, or both, in the n familiae with, and accept the organized or printed name of real OFFRE VTD DZEDZY, JACK 1415 PINEHURST ROAD DUNEDIN FL 34698	e State of Florida. S e obligations of, Sec gent agent and little if appli ERS AND DIRECTO	Lion 607.0505, Fic cable. (NOTE DRS DELETE DELETE DELETE DELETE	Authorize 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.4 G 3.1 T 3.2 N 3.3 S 3.4. (4.1 T 4.3 S 4.4 C 5.1 T 5.2 N	d Agont signature requir d by the corporati- tutes. d Agont signature requir mLE HAME TREET ADORESS LITY-ST-ZIP TTLE HAME CITY-ST-ZIP TTLE HAME TREET ADORESS LITY-ST-ZIP TTLE HAME TREET ADORESS LITY-ST-ZIP TTLE HAME TREET ADORESS LITY-ST-ZIP TTLE HAME	ed when reinstating)		ing its registered as registered ECTORS IN 12 hange Addition hange Addition hange Addition
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