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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 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	office or r agent. I a NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	registered agent, or both, in the State of am familiar with, and cocer the obligat OFFICERS ANI D LECALSEY, CHRISTOPHER R 12351 SHAKY LEAF COUT JACKSONVILLE FL 32224 D BUSBEE, GRANT M 10643 LAKEVIEW RD EAST JACKSONVILLE FL 32225 D LECALSEY, CHERYL M 12351 SHAKY LEAF COUT JACKSONVILLE FL 32224	D DIRECTORS	A Statutes. b St	ed when reinstating)	e purpose of changing its ept the appointment as reg I - 8 - 9 DATE FFICERS AND DIRECTO Change Change	RS IN 12 Addition
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