FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000061926 (6)

PLAY MORE MUSIC, INC.

FILED Mar 17 1998 8:00am Secretary of State



1832 SEAR RUN SLVD. ORANGE PARK FL 32065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1997 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 07/16/1997 4. FEI Number 59-346376/ Not Applicable Suite, Apt. #, etc. 2. # 39 A City & State	Principal Plac	e of Business	Mailing Address	······································		.B 01081 FACAR 10448 AMBIN 0111 0601
Converse Control Con				•		
Description						
2. Minimp Address 24			•			HIS SPACE
2. Mailing Address 2. Mailing Address 3. Mail						
201 1991 1992 1992 1993 1994 1995 1						
Suite, Apt. 4, etc. 22	- 1 A O	lace of Business		Toca Blief		
Fee Regulated Fee Regulated	21 /0 79	TOUR CINE		JOSE DIVO	37-3700701	
Country 20					5. Certificate of Status Desired	
Trust Fund Contribution Added to Fees					Etection Compaign Financing	
Zip Country Zip Age 2 30 30 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Name Agent 10. Name and Name Agent 10. Name 10. N				mulle	, , , , , , , , , , , , , , , , , , , ,	
Personal Property Tax due June 30 Par in No Personal Property Tax due In No Personal Property Property Tax due In No Personal Property Property Ta				Country		
CROCK, DENNIS B 1322 BEAR RUN BLVD. ORANGE PARK FL 32065 81 Name 132 BEAR RUN BLVD. ORANGE PARK FL 32065 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sociloris 607 0502 and 607 1508. Florida Stirtutes, the above-named corporation submits this statement for the purpose of changing lis registered diffect or registered agent. I am Binlie with, and except the otherwise of Socioloris 807 0505 Florida Shaladis. SIGNATURE 9 OFFICERS AND DIRECTORS 10. Regiment specific productions of produ			——————————————————————————————————————	—	•	
LHUCH, LENNIS B 132 BEAR RUN BL/D. ORANGE PARK FL 32065 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 (2022 and 607 (508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am finallia with, and exactly the orthogone of Section 5007 600, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered office or registered agent. I am finallia with, and exactly the orthogone of Section 607 600, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered of office or registered value of the corporation is board of directors. I hereby accept the appointment as registered office or registered value of the corporation is board of directors. I hereby accept the appointment as registered office or registered value of the corporation is board of directors. I hereby accept the appointment as registered office or registered value of the corporation is board of directors. I hereby accept the appointment as registered office or registered value of the corporation is board of directors. I hereby accept the appointment as registered of the corporation is board of directors. I hereby accept the appointment as registered of the corporation is board of directors. I hereby accept the appointment as registered of the corporation is board of directors. I hereby accept the appointment as registered of the appointment as registered accepts. In the corporation submits the appointment as registered of the appointment as registered accepts. In the corporation submits the appointment as registered accepts and the appointment of the corporation submits the appointment as registered accepts and the corporation appointment as registered accepts and the corp	<u> </u>				10. Name and Address of New Registe	
1332 BEAR RUN BLVD. ORANGE PARK FL 32065 82 Street Address (P.O. Box Number is Not Acceptable) 83	CR	OCK. DENNIS B		81 Name		
ORANGE PARK FL 32065 B3 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Socialors 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and membrane with an adversarial submits while statement for the purpose of changing its registered agent to the membrane with a membrane with a decept the obligations of, Social color 505.55. Florida Statutes. SIGNATURE Signaturi, typed or pursuant name of registered agent agent and time if aget cable. ROSE Required Agent signature regarded when remembrane) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIE DPS CROCK, DENNIS B 1332 BEAR RUN BLVD. 13 SIRRET ADDRESS 14 TITLE DVT	JANA BEAD DUILD					
Sea						
11. Pursuant to the provisions of Socilons 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. Lam familiar with, and accept the chipdades Sub-chienage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the chipdades of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the chipdades of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with and accept the chipdades of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a manual corporation of the corporation of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a manual corporation of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a manual corporation of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a manual corporation of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a corporation's board of directors. I hereby accept the appointment as registered and the registered agent are appointed as the corporation's board of directors. I hereby accept the appointment as registered and the registered and the registered agent are appointed as a familiary and accept the corporation and corporation and corporation and corporation and corporation and corporation and				63		
11. Pursuant to the provisions of Socilons 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. Lam familiar with, and accept the chipdades Sub-chienage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the chipdades of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the chipdades of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with and accept the chipdades of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a manual corporation of the corporation of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a manual corporation of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a manual corporation of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a manual corporation of the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with a corporation's board of directors. I hereby accept the appointment as registered and the registered agent are appointed as the corporation's board of directors. I hereby accept the appointment as registered and the registered and the registered agent are appointed as a familiary and accept the corporation and corporation and corporation and corporation and corporation and corporation and				04 000	· · · · · · · · · · · · · · · · · · ·	as Zin Codo
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Sociotion 607 6050. Florida Statutes Signature Signa				B4 City		FL 85 Zip Code
SIGNATURE SIGNAT	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpo	se of changing its registered
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ITHE DPS CROCK, DENNIS B 12 NAME 13 SIREFI ADDRESS 14 CHTY-ST-ZP	office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of Section 607 0505. Flo	authorized by the corpora arida Statutes	ation's board of directors. I hereby accept the	appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	·	Trialina Will, and booopi the obligi	1.0.000			
TITLE NAME STREET ADDRESS ORANGE PARK FL 32085 UTY-ST-ZIP TITLE NAME STREET ADDRESS ORY-ST-ZIP TITLE DVT CROCK, JANIS M 22 NAME STREET ADDRESS ORANGE PARK FL 32085 UTY-ST-ZIP TITLE DVT CROCK, JANIS M 23 STREET ADDRESS ORANGE PARK FL 32085 UTY-ST-ZIP TITLE DVT CROCK, JANIS M 24 ADITY-ST-ZIP TITLE DVT CROCK, JANIS M 23 STREET ADDRESS ORANGE PARK FL 32085 DRANGE PARK FL 320	SIGNATURE	Signature, typed or printed name of registered age	et and title if applicable (NOTE	: Registered Agent signature requ	ired when reinstaling) DA	TE
NAME CROCK, DENNIS B 1332 BEAR RUN BLVD. ORANGE PARK FL 32085 14 CITY-ST-ZPP DVT DVT DVT DVT DVT DVT DVT D	12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
STREET ADDRESS CITY-ST-ZIP TITLE DVT CROCK, JANIS M STREET ADDRESS THEET ADDRESS THEET ADDRESS THEET ADDRESS THEET ADDRESS THEE ADDRESS THEET ADDRESS THE THE ADDRESS THE	TITLE		☐ DELETE	1.1 TATLE		Change Addition
CITY-ST-ZIP ORANGE PARK FL 32065 I1 CITY-ST-ZIP ORANGE PARK FL 32065 DELETE 21 TITLE CROCK, JANIS M 22 NAME STREET ADDRESS OTY-ST-ZIP TITLE ORANGE PARK FL 32065 CITY-ST-ZIP TITLE ORANGE PARK FL 32065 24 CITY-ST-ZIP TITLE ORANGE PARK FL 32065 24 CITY-ST-ZIP TITLE ORANGE PARK FL 32065 24 CITY-ST-ZIP TITLE ORANGE 33 STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP TITLE ORANGE 42 NAME 43 STREET ADDRESS CITY-ST-ZIP ORANGE AS CITY-ST-ZIP ORANGE AS CITY-ST-ZIP ORANGE AS STREET ADDRESS CITY-ST-ZIP ORANGE STREET ADDRESS GA CITY-ST-ZIP ADDRESS SA CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS STREET ADDRESS GA CITY-ST-ZIP ADRESS GA CITY-ST-ZIP ADDRESS GA C	NAME			1.2 NAME		
TITLE DVT DELETE 21 TITLE	STREET ADDRESS	1332 BEAR RUN BLVD.		1.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE AL TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE AL TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE AL TITLE Change Addition ACCITY-ST-ZIP TITLE DELETE AL TITLE Change Addition ACCITY-ST-ZIP TITLE DELETE AL TITLE Change Addition ACCITY-ST-ZIP TITLE DELETE AL TITLE ACCITY-ST-ZIP TITLE DELETE SI TITLE ACCITY-ST-ZIP TITLE DELETE SI TITLE ACCITY-ST-ZIP TITLE DELETE SI TITLE ACCITY-ST-ZIP ACCITY-S	CITY-ST-ZIP	ORANGE PARK FL 32065		1.4 CITY - ST - ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP SACITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP SACITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP SACITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP SACITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addit	TITLE	- · ·	DELETE	2.1 TITLE		Change Addition
CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.7 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.7 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.4 CHY-ST-ZIP TITLE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE 6.6 STREET ADDRESS 6.6 STREET ADDRESS 6.4 CITY-ST-ZIP 1.4 I hereby certify that the information supplied bith MS filing does not qualify for the expense proprious stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this aurural report or supplied bith MS filing does not qualify for the expense proprious stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this aurural report or supplied bith MS filing does not qualify for the expense proprious stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this aurural report or supplied bith and a contract and that my signature shall have the same legal effect as if make my appnears in a contract and that my signature shall have the same legal effect as if make my appnears in a contract and that my signature shall have the same legal effect as if make my appnears in a contract and that my signature shall have the same legal effect as if make my appnears in a contract and that my signature shall have the same legal effect as if make my appnears in a contract and that my signature shall have the same legal effect as if make my appnears in a contract and that my signature shall have the same legal effect as if make my appnears in a contract and that	NAME			2.2 NAME		
TITLE	STREET ADDRESS			2.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAGRICON STREET ADDRESS CITY-ST-ZIP TITLE ASTREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AGRICON AG	CITY-ST-ZIP	ORANGE PARK FL 32065		2. 4 CITY - ST - ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE A.1 TITLE A.2 NAME A.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DE	TITLE		L DELETE	3.1 TITLE		L Change L Addition
CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition Addition Addition CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition Addition Addition Addition CITY-ST-ZIP TITLE Change Addition	NAME			3.2 NAME		
TITLE NAME 4.1 TITLE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. 1 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 indicated on this annual report or supplementally final report is frue and accurate and that may signature shall have the same legal effect as if made under certify, that I the information indicated on this annual report or supplementally final report is frue and accurate and that may signature shall have the same legal effect as if made under certify, that I may and appears in a required by Change for Telepide Statutes and that my page appears in	STREET ADDRESS			3.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Change Addition Addition Change Addition Addition Change Change Change Change Change Addition Change	CITY-ST-ZIP			3.4. CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP ### ACITY-ST-ZIP ### Change Addition ### A	TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Change Addition	NAME			4. 2 NAME		
TITLE NAME 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE NAME 6.1 TITLE NAME 5.2 NAME 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. I 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 indicated on this annual report or supplier half movel report as required by several this report as required by Change shell have the same legal effect as if made under out that I am an or disearch of the control of the property of the	STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I 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 indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of direction of the conversation or the food made on this transpart as required by Chapter 607. Florida Statutes and that my name annears in page 1.5.	CITY-ST-ZIP					
STREET ADDRESS CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition 6.2 NAME STREET ADDRESS CITY - ST - ZIP 14. I hereby certify that the information supplied with Jobs filling 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 supplier half annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of direct of the course along a three-days or trustee emproyed to execute this report as required by Chapter 607. Florida Statutes and that my name appears in page 1.5 months annual report is report as required by Chapter 607. Florida Statutes and that my name appears in page 1.5 months annual report is report as required by Chapter 607. Florida Statutes and that my name appears in the course of the course	TITLE		□ DELETE	5.1 TITLE		∟ Change ∟ Additioп
CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP 55 CITY-ST-ZIP 56 TITLE 61 TITLE 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 14. I 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 indicated on this annual report or suppliered rial amount is from a courted and that my signature shall have the same legal effect as if made under oath; that I am an officer of direct of the courted and that my signature shall have the same legal effect as if made under oath; that I am an officer of direct of the courted the courted that the information is true and securities and that my page appears in	NAME			5.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. 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 suppliemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of direct of the course along or through the same appears in	STREET ADDRESS			5.3 STREET ADDRESS		
NAME STREET ADDRESS 62 NAME 63 STREET ADDRESS CITY-SI-ZIP 64 CITY-SI-ZIP 64 CITY-SI-ZIP 14. I 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 indicated on this annual report or suppliered rial annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of directly of the course along or through the course and that my page appears in					· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP 14. I 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 indicated on this annual report or supplience has moved to execute this report as required by Chapter 607. Florida Statutes and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the course along or the recovery of the course and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the course along or the recovery of the course of the	TITLE		☐ DELETE		1	L Change L Addition
CITY-ST-ZIP 14. I 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 indicated on this annual report or supplience flat inval 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 of district of the course large or the flow flow of the flow flow flow flow flow flow flow flow	NAME		1	6.2 NAME		
14. I hereby certify that the information supplied with the 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 supplience flat innual 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 of direction of the course like the control of the course of	STREET ADDRESS		//	6.3 STREET ADDRESS		
	CITY-ST-ZIP		//	6.4 CITY-ST-ZIP	27000 5	
	14. I hereby of indicated	ertify that the information supplied	ith tots filing does not qualify for alcohulatebort is true and accu	r the exemption stated in urate and that my signatu	i Section 119.07(3)(i), Florida Statutes. I furth ure shall have the same legal effect as if mad	er certify that the information le under oath; that I am an
				execute this report as req	juired by Chapter 607, Florida Statutes; and t	hat my name appears in