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INE REET ADDRESS IY-ST-ZIP 2. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 direct 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 changed, or on an attachment with an address, with all other the empowered.	FII Aftor N D. LE ME REFT ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE LE ME REET ADDRESS	Signature, types or printed norme of registered agent and file X applicable. (NOTE Register LE:NOWIII. FEE IS:\$150.00 Trust Fund Contribution OFFICERS AND DIRECTORS D OWENS, ROBERT W 2802 S FORBES ROAD PLANT CITY, FL 33567 D JUDAH, TERRI P 2802 S FORBES ROAD PLANT CITY, FL 33567 D JUDAH, ROBERT L 2802 S FORBES ROAD PLANT CITY, FL 33567	encing: 5:00 May Be Added to Fees: 0:0000000575664