

**FILED**

**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90027 013 \*\*\*158.75

00010000

100-443887-100

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

| 11. OFFICERS AND DIRECTORS                         |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete<br><b>D</b><br><b>SANCHEZ, MARGARITA</b><br><b>1406 MERCANTILE COURT</b><br><b>PLANT CITY FL 33565</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>M</b><br><b>Remigio Sanchez, III</b><br><b>4602 W. Joe Sanchez Rd.</b><br><b>Plant City, FL 33565</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |

**SIGNATURE:** Mona L. Lang **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 813 754 7901  
Date Daytime Phone #