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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 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	LEES	SBURG FL 34748 to the provisions of Sective egistered agent, or both, m familiar with, and acce Signature, typed or proted name of OF CEO ADAMS, KIMBERLY 1409 S ST LEESBURG FL 3474	of registered agent and title if a	Appresentation (NOTE: TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City st, the above-named corporation a statutes. corporation a statute required by the corporation a statutes. Registered Agent signature required a statutes. 13. 1.1 11.1 1.2 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-ST-ZiP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City-ST-ZiP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 4.4 City-ST-ZiP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 City-ST-ZiP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 City-ST-ZiP 6.1 TITLE 6.3 STREET ADDRESS 6.3 STREET ADDRESS	ed when reinstating)	FL pose of changing its is appointment as reg P PATE ERS AND DIRECTO Change Change Change Change Change Change Change Change Change	RS IN 12 RS IN 12 Addition