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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 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	SIGNATUR: 12. TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE NAME STREET ADDRES S	Signature, typed or printegration D NEUBERT, TIMOTHY 2071 OTTER WAY	Figistered agent no sile if at FICERS AND DIRECT	DELETE	es, the above-named corputionized by the corporation Registered Agent signature required 13. 1.1 TITLE 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 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS	ed when reinstating)	FIL rpose of changing its interpose of changing its interpose of changing its interpose of change DATE DATE DATE Change Change Change Change Change Change Change Change	R S IN 12 Addition