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| 4. 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 | 1. Pursuant office or r agent. I a IGNATURE 2. TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME | to the provisions of Sect registered agent, or both, am familiar with, and acce Signature. typed or printed name O D OSTLUND, GRANT 54 RIVERS EDGE LI PALM COAST FL 32 | ions 607.0502 and 60 in the State of Florida of the obligations of, of registered agent and little if FFICERS AND DIREC | a. Such change was at Section 607.0505, Flor applicable. (NOTE: CTORS DELETE DELETE | 84 City ss, the above-named correction correction ida Statutes. statutes. registered Agent signature requir 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 3.4. CITY-ST-ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | poration submits this statement for the purpos ion's board of directors. I hereby accept the ap ed whon reinstating) DATE | B Change | ede |