

DOCUMENT # P98000065583

Principal Place of Business	Mailing Address
2040 NORTHWEST 67TH PLACE GAINESVILLE FL 32653	PO BOX 5278 GAINESVILLE FL 32602-5278

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Zip	Country	Zip	Country
2. Name of Attorney or Court-Appointed Agent			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

11.		OFFICERS AND DIRECTORS		12.	
TITLE	D	<input type="checkbox"/> Delete		TITLE	

TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	

NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1351(a)(2)(B) of the Internal Revenue Code, and I shall have the right to be heard on this matter.			

indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:  Keith G. Hester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(b) (7)(C), (b) (7)(D)

4. FEI Number	59-3559660	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Deleted <input type="checkbox"/> Deleted WITH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	CRUTCHER, KEITH A	NAME	
STREET ADDRESS	PO BOX 5278 N/A	STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32602-5278	CITY - ST - ZIP	

<div> <div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div> <div> <input type="checkbox"/> Delete </div> </div>		<div> <div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<p>13. 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 is not being furnished to the agency for the purpose of determining if I am an officer or director of the agency.</p>			

I, 11/18/18, certify that the information furnished 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, when a report is required by 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Keith Centchere 3/13/01 352 376 4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)