

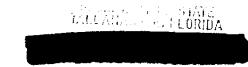
FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

Mailing Address

98 HAY 10 AMH: 09



2311 ROGERS ROAD LAKELAND FL 33813	2311 ROGERS ROAD LAKELAND FL 33813		DO NOT WRITE IN THIS SPACE			
			3. Date incorporated or Qualified 09/06/1998			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For			
21	26 2993 S. Peoria	St.	t. 59-3634513 Not Applicable			
Suite, Apt. #, etc.	Sulte, Apr. #, etc.		5. Certificate of Status Desired			
City & State	City & State 28 Aurora, CO		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 24 25		untry ISA	a. The do bother, page and general harm a serial file.			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
REHER, DEBORA C		81				
2311 ROGERS ROAD		82	2 Street Address (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33813		83	3			
·		84	Gity FL 85 Zip Code			
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stangent. I am familiar with, and accept the obli- 	ite of Florida, Such change was authorized	d by U	eve-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered			
PICNATURE '			•			

SIGNATURE	Signature, typed or printed name of registered agent and title If applicable.	(HOTE: Registered Agent signature r	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD DELE	TE 1.1 TITLE		Change Addition
NAME	"SHERWOOD, JOHNINY H	12 NAME	· ·	
STREET ADDRESS	POST OFFICE BOX 1890 N/A	1.3 STREET ADDRESS	s	
OTY-81-ZIP	FARMINGTON NM 87499	1.4 CITY- 57-20P		
TITLE	STD. DELET	TE . 21 TITLE]	Change Addition
NAME	FELLOWS, DOUGLAS E	22 NAME		i
STREET ADDRESS	POST OFFICE BOX 1598	2.3 STREET ADDRESS	<u>.</u>	
CITY-ST-ZIP	LOVELAND CO 80539	2.4 CITY-ST-ZIP	<u> </u>	
TITLE	□ DELET	TE 3.1 TMLE		Change Addition
NAME		32 NAME .	!	
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-8T-ZIP	· · · · · · · · · · · · · · · · · · ·	34 CITY-ST-ZIP	1	
TITLE	DELET	IE 41 TITLE	Ī	Change Addition
HAME	·	4.2NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
OTY-ST-ZP		44 C/TY-ST-ZIP		
TITLE ·	☐ DELET	TE 51 TITLE	1 2 5 5 7 E	Change Addition
NAME		52 NAME		
STREET ADDRESS	• "	5.3 STREET ADDRESS		
C/TY-8T-ZIP		54 C(TY+ST-Z2P		
TYTLE	DELET	E BITTLE		Change Addition
NAME		6.2 NAME	1.	,
STREET ADDRESS	• •	63 STREET ADDRESS	· · · · ·	Y
I		£4000 07 700		1

 I hereby certify that the information supplied w indicated on this annual report or suppliement officer of director of the corporation of the/sec Block 12 or Block 13 if changed_or on ay ats qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under eath; that I am an ered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in s, with all other like empowered.

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