1. Entity Name E L Y OF PERRY,	# <b>P990000</b>				Secre	tary 0	of Sta	ate
Principal Place of Business		Mailing Address						
RT 1. BOX 123 GREENVILLE FL 32331		RT 1: BOX 123 GREENVILLE FL 32331			<b>-</b> -	-		
	المستقلة المساء المالية	د المواد المستقدي بوالمستقدي والمستوافق	همان به چو د د . و د د د .	L		048163 		
2. Principal Place of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3575	146		oplied For ot Applicable
-Zip =	Country "	Zip ~ ·	Country	5.	Certificate of Status Desired		8.75 Add	
6. Name	and Address of Current Re	gistered Agent		7.	Name and Address of Nev		•	<u> </u>
I YNN TOMMY I	= .IR ·		Name					
Lynn, tommy e Jr rt 1, box 123				Street Address (P.O. Box Number is Not Acceptable)				
GREENVILLE FL	32331							
			City			FL	Zip Cod	e
SIGNATURE								
SIGNATURE	or printed name of registered agent and policy to satisfy its Intangible and elects to do so.	title if applicable. (NOTE  FILE NOW!  After MAY 1, 20	: Registered Agent signs !! FEE IS \$150 01 Fee will be \$	ature required when re  0.00 \$550.00	einstating)  10. Election Campaign Trust Fund Contribu		<b>\$5.0</b> Added	<b>0</b> May Be
SIGNATURE  Signature, typed of  9. This corporation is eligit  Tax filing requirement a  (See criteria on back)	or printed name of registered agent and	FILE NOW! After MAY 1, 20 Make Check Payab	: Registered Agent signs !! FEE IS \$150 01 Fee will be \$	ature required when r 0.00 \$550.00 nt of State	10. Election Campaign	Financing lition.	Addec	to Fees
9. This corporation is eligit Tax filing requirement a (See criteria on back)  11.  TITLE PSTD LYNN, TOI STREET ADDRESS RT 1, BOX	or printed name of registered agent and one to satisfy its Intangible and elects to do so.  OFFICERS AND DIF	FILE NOW! After MAY 1, 20 Make Check Payab	:: Registered Agent signs !! FEE IS \$150 01 Fee will be \$ ile to Department	ature required when r 0.00 \$550.00 nt of State	10. Election Campaign Trust Fund Contribu	Financing ution.	Addec	to Fees
9. This corporation is eligit Tax filing requirement a (See criteria on back)  11.  TITLE NAME STREET ADDRESS  STREET ADDRESS  SIGNATURE Signature, typed of Signature	or printed name of registered agent and one printed name of registered agent and one to satisfy its Intangible and elects to do so.  OFFICERS AND DIF	FILE NOW! After MAY 1, 20 Make Check Payab	Pegistered Agent signal PEE IS \$150 Pee will be \$100 Pepartme  12.  TITLE  NAME  STREET ADDRESS	ature required when r 0.00 \$550.00 nt of State	10. Election Campaign Trust Fund Contribu	Financing ution.	Added	to Fees S IN 11
9. This corporation is eligit Tax filing requirement a (See criteria on back)  11.  TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	or printed name of registered agent and one to satisfy its Intangible and elects to do so.  OFFICERS AND DIF	FILE NOW! After MAY 1, 20 Make Check Payab RECTORS	Programme I: Registered Agent signs Programme I: FEE IS \$150 Programme II: FEE IS \$150 Programme II: FEE IS \$150 Programme II: FEE IS \$150 Programme III: FE	ature required when r 0.00 \$550.00 nt of State	10. Election Campaign Trust Fund Contribu	Financing lition.	Addec	d to Fees S IN 11 Addition
9. This corporation is eligit Tax filing requirement a (See criteria on back)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	or printed name of registered agent and one to satisfy its Intangible and elects to do so.  OFFICERS AND DIF	FILE NOW! After MAY 1, 20 Make Check Payab BECTORS  Delete	Pegistered Agent signal PEE IS \$150 Tee will be \$10 to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	ature required when r 0.00 \$550.00 nt of State	10. Election Campaign Trust Fund Contribu	Financing lition.	Addec DIRECTORS Change Change	d to Fees S IN 11 Addition Addition
9. This corporation is eligit Tax filing requirement a (See criteria on back)  11.  TITLE PSTD NAME LYNN, TOI STREET ADDRESS RT 1, BOX	or printed name of registered agent and one to satisfy its Intangible and elects to do so.  OFFICERS AND DIF	FILE NOW! After MAY 1, 20 Make Check Payab RECTORS  Delete  Delete	I: Registered Agent signal I! FEE IS \$150 01 Fee will be \$ ile to Departmen  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	ature required when r 0.00 \$550.00 nt of State	10. Election Campaign Trust Fund Contribu	Financing ution.	Addec	d to Fees S IN 11 Addition Addition

of 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.