DECUMENT # DOOD HALO TRANS Express TRANSMISSION II, IX.				N- i
			FILED	
SECRETARY				
ORlando Fl. 3280	9		SECRETARY (TALLAHASSEE	FLORIDA
2. Principal Place of Business	3. Mailing Address			•
Suite, Apt-#, etc.	Sulte Apt # retc:		DE FLORY CONTROL	SPAGE V
City & State	City & State		MEIRO I A I ENTER	
Same	Same		59-3576381	Not Applicable
33809 Country (L. 5	32809	Country 6.5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curr			7. Name and Address of New Registered	<u> </u>
JAMES GUSTIN	Vo	Name R	obert F. Smith	
2180 PARKAVE.		Street Addre	ess (P.O. Box Number is Not Acceptable)	
WINTER PARK		,,,		<u> </u>
	FC, JS 101	City A C	OPKA FI	Zip Code 32703
8. The above named entity submits this statement	nt for the purpose of changing its			- 32103
SIGNATURE Labert F	mull)		11/01	
			1/18/01	
Signature, typed or printed name of registered a	agent and title if applicable. (NOT	E: Registered Agent signature rec	guired when reinstating) . DATE	
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