Principal Place of Business 1. Mailing Address Saile Apl. 4, etc. Suite, Apl. 4, etc. City & State 4. FEI Number 65-0232261 Zip Country Zip Country Zip Country State Apl. 4, etc. Suite, Apl. 4, etc. Zip Country Zip Country State Apl. 4, etc. State A. Hell Number 65-0232261 Appl.coling State Apl. 4, etc. Nome and Address of Now Registered Agent C. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent State Apl. 4, etc. Nome State Apl. 4, etc. Nome GLENN ALLEN BUFF Street Address (PO Sac Number Is Not Acceptable) PANAMA CITY FL 32405 Street Address (PO Sac Number Is Not Acceptable) Chay FL Zip Code The above named entity submit this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familier with, and accept ade the Mark Mark State a familier with, and accept ade the mark Mark State a familier address and been mark accept address and been mark State a familier address and been mark accept address and been mark ac	 Entity Nan 	MENT # S21819	REPORT (AF	<u>}</u>	FILED Apr 20, 2004 8:00 am Secretary of State
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Zo Country Zip Country 5. Contribution S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent GLENN ALLEN BUFF 2917 FAIRMONT DRIVE PANAMA CITY FL 32405 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Date FLE NOW!!: FEE IS \$150.00 After May 1, 2004 Fee with 6550.00 8. Florion Campaign Francing Trust Florid Compaign Florid Compaign Francing Trust Florid Compaign Florid Compaign Francing Trust Florid Compaign Florid Compai	City & Stat	le	City & State		65-0222261
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WHE Image: Control of the recently that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If urther certify that the information indicated 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; that the information of the corporation or the receiver or trustee empowered to execute this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the information goldect for director or director or director or director or director or director or director as required by Chapter 607, Plorida Statutes. If urther contify that the information supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If unther under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If unther under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If unther under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If unther under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If unther under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If unther under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If unther under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If unther under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If Unther under oath; that 1 am an Block 10 Block 11 if Drida Statutes. If Unther under Oath; that 1 am an Block 10 Block 11 if Drida Statutes. If Unther under Oath; that 1 am an Block 10 Block 11 if Drida Statutes. If Unther under Oath; that 1 am an Block 10 Or Drida Statutes. If Unther Under Oath; that 1 am an Block 10 Or Drida Statutes. If Unther Under Oath; that 1 am an Block 10 Or Drida Statutes. If Under Oath; that 1 am an Drida Statutes. If Unther Under Oath; that 1 am an Drida Statute	Make Chec O. TLE AME IREET ADDRESS ITY-ST-2IP TLE AME IREET ADDRESS ITY-ST-ZIP	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN P BUFF, GLENN 2917 FAIRMONT DRIVE PANAMA CITY FL 32405 S BUFF, JOYCE D. 2917 FAIRMONT DRIVE	of State	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.
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