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20	City & Stat	e		City &	State		. ,,	, , ,		\$5.00 May	/ Be	-
9. Name and Address of Current Registered Agent DAVIS, BRENT 10010 KENLAKE DRIVE RIVERVIEW FL 33569 10. Name and Address of New Registered Agent 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Address (P.O. Box Number is Not Acceptable) 10. Name and Acceptable Da	Ζιp	<u> </u>			Zip Cou			8. This corporation has liability for	gy under s 199	√under s. 199 032,		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent on both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent on both, in the State of Florida Statutes, the above-named corporation is beard of directors. I nenetry accept the approximent as registered agent in maintain with, and accept the obligations of, Section 607 0505. Florida Statutes SIGNATURE Signature required agent and or registered agent and or registered agent lamb for registered agent and or registered agent and or registered agent and or registered agent age	24		Address of Curren		gent							
RIVERMENUE La 33569 Ba3			RIVE			L		/DO D. N				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, in the State of Florida Such change was authorized by the corporation's board of directors. I nerely accept the appointment as registered agent and accept the obligations of, Section 607.0505. Florida Statutes Signature 1.								ress (P.O. Box Number is Not Accept	abie)			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes: the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I nereby accept the approximant as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I nereby accept the approximant as registered. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTE. DAVIS, BRENT PO BOX 1416 N/A RIVERVIEW FL INTE. DELETE 21 TITLE 22 NAME STREET ADDRESS CITY ST-2P INTE. DELETE 31 TITLE 22 NAME STREET ADDRESS CITY ST-2P INTE. DELETE 31 TITLE 31 TITLE 32 NAME STREET ADDRESS CITY ST-2P INTE. DELETE 31 TITLE 3						L				1 - 1 - 0 ·		_
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Signature Sign	office or r	registered agent, d	or both, in the State	of Florida, Such	change was a	authorized t	v the corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose or c pt the appoi	nanging its regist itment as regist	stered ered	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	SIGNATURE	Signature type for pur	<u>.</u>	ent and time if applicable	e (NO	TE Bookkeed A	aent sanature requir	red when reinstation)	6/14/0	76		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under each, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	further ce made und	erlify that the inform der oath, that I am	nation indicated on an officer or directo	this annual repo or of the corpora	ort or supplemention or the rec	ental annua ental annua e:ver or trus	l does not qual report is true a tee empowered	and accurate and that my signature s	hall bave the :	same legal efte:	et as if	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (813) 634-3553 District Floring 1		URE:	r					6/14/96	(813)6 D=	39-3553		