| PRO CORPO ANNUAL 19 | RATION | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | |
|------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------|-----------------------------------|
| OCUME Corporation Nar CASUAL | | 10580 | (1) | | | | | |
| ncipal Place of E | 220 | Mailing Address 2840 STATE RD 220 MIDDLEBURG FL 32068 | 40 STATE RD 220 | | | | | |
| MIDDLEBURG F US | £ 32068 | | US | | | 3. Date Incorporated or Qualified 07/11/1992 07/11/1995 | | |
| | | | | | | 02/01/1992 4. FEI Number | | Applied For |
| Principal Place | of Business | | a. Maiing Address | | | 59-3114732 | | Not Applicate |
| | | 20 | Suite, Apt. #. etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. City & State Zip Country | | 2 | 27 City 8 State 28 Country C | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| | | iry | | | | This corporation has liability for Florida Statutes | s ∐No | |
| | 9. Name and Add | | 9 aistered Agent | 1301 | | 10. Name and Address of New | Registered | Agent |
| i. Pursuant to or registered | the provisions of Se d agent, or both, in t | ctions 607,0502 and ne State of Florida 3 routions of Section I | g 607.1508, Florida Statute Such change was authorize 607.0505, Florida Statutes | s, the above ed by the co | 1 ' | ration submits this statement for the pare of directors. Thereby accept the ap | ourpose of oppointment a | har sign to registered (|
| familiar with | , and accept the ob- | gations of Careton | | | | Small is the for | DA ¹ É | |
| GNATUREs | lignature, typed or publical ha | OFFICERS AND D | | 13. | gree signature to pre- | ADDITIONS/CHANGES TO O | FFICERS AN | ND DIRECTORS IN 12 Change Addi |
| i.E | 0 | OFFICE AS AND E | DELETE | 1 1 1 11 | F | | | Clark Clark |
| AME TREET ADDRESS | KIRKMAN, CHESTER M. | | | 12 NAM 13 STH | IL EET ADDRESS | | | |
| TY-ST-ZIP | MIDDLEBURG | FL | ED OFFERT | | Y - ST - ZIP | A | | Change Add |
| TLE | D | | DELETE | 2 1 TIT 2 2 NAI | 1 | | | |
| AME | KIRKMAN, JO 2840 STATE I | 10E D. RD 220 | | | REET ADDRESS | | | |
| TREET ADDRESS | MIDDLEBURG | FL | | 24 011 | Y - ST - ZIII3 | | | Change Adi |
| ITY - ST - ZIP ITLE | | | DELETE | 3 1 11 | 1 | | | |
| ame. | | | | 3 2 NA 3 3 S | ME TREET ADURESS | | | |
| TREET ADDRESS | | | | | TV - ST - ZIP | | | Change Ad |
| HTY - ST - ZIP ITLE | | | DELETE | 4 1 7 | i | | | Flourings Flow |
| NAME | | | | 4 2 N | | | | |
| STREET ADDRESS | | | | | TREET ADDRESS ITY - ST - ZIP | | | |
| CITY - SI - ZIF | | | DELETE | 5 1 7 | | | | Change Ac |
| | 1 | | No. | 52 N | AME | | | |
| | | | | | | | | |
| NAME STREET ADDRESS | | | | 538 | TREET ADDRESS | | | |
| | | | C) DULLI | 53S 54C | TREET ADDRESS | | | Change A |
| NAME STREET ADDRESS | | | ☐ DELETE | 53S 54C | TREET ADDRESS HTY-ST-ZIP HTLE | | | ☐ Change ☐ Ad |

5/3 STREET ADDRESS
CITY: \$1-2/P

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(N). 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 if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name cath, that I am an officer or director 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

Depart From Name or SIGNING OFFICER OR DIRECTOR

FP