

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # V22438



Mailing Address  
3535 U.S. HIGHWAY 17 NORTH  
WINTER HAVEN, FL 33881

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E034 (11/05)

Applied For	
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59-3112905

Not Applicable
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### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, LARRY D.  
3535 U.S. HWY 17, N.  
WINTER HAVEN, FL 33881

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUCKER, LARRY D.	
STREET ADDRESS	3535 US HWY 17 N	
CITY- ST- ZIP	WINTER HAVEN, FL 33831	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<del>D</del>	<input checked="" type="checkbox"/> Deleted
NAME	<del>TUCKER, TERRY</del>	
STREET ADDRESS	<del>3122 GARDEN OAKS DR</del>	
CITY - ST - ZIP	<del>LAKELAND, FL 33810</del>	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Deleted
NAME	TUCKER, LARRY D., JR.	
STREET ADDRESS	3535 US HWY 17 N	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Deleted
NAME	RICE, JOHN WEBSTER	
STREET ADDRESS	306 N BUCK PARK	
CITY - ST - ZIP	WINTER HAVEN, FL 33884	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #