

Principal Place of Business W. PENNSYLVANIA FL 34431		Mailing Address 20721 W. PENNSYLVANIA DUNNELLON FL 34431-6718 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
County & State		City & State	



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3126117		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WRIGHT, RONALD K 19420 ST. GEORGE DRIVE DUNNELLON FL 34432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	--	--

I, above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

corporation is eligible to satisfy its Intangible filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ZIP	<div>D TRUESDELL, KELLEAN K 20721 W. PENNSYLVANIA AVE. DUNNELLON FL</div> <div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
ADDRESS ZIP	<div></div> <div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
ADDRESS ZIP	<div></div> <div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
ADDRESS ZIP	<div></div> <div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
ADDRESS ZIP	<div></div> <div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
ADDRESS ZIP	<div></div> <div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information furnished 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 11 or Block 12 if required, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kellean K. Truesdell KELLEAN K. TRUESDELL 4-28-00 (352)4899164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)