FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71044

(4)

TAMPA SOD SERVICES, INC.

SIST AL WACKERT ST. AMPA FL 33614 1 AMPA FL 33614 1 AMPA FL 33614 2 A Delle Incorporation or Qualified Ba. Dute of Last Report 10009/1892 2 Proced Face of Business	Dringle of Dros	a of fluorence	Mailing Address							\$1011 1001
TAMPA FL 38614 2. Principal Packs of Business 2. A Malling Address 3. Delet Procept and Consulting 3. Delet Procept Packs of Business 3. Each Malling Address 4. FEI Number 5. \$349811 2. Applied For 5. \$349811 2. Applied For 5. \$4, FEI Number 5. \$5, 75, Additional 5. Control of Status Dealed \$8,75, Additional 6. Election Campaign Financing 6. Election Campaign Financing 6. South Applied For 6. Election Campaign Financing 6. Election Campaign Financing 6. Election Campaign Financing 6. Election Campaign Financing 6. South Applied For 6. Election Campaign Financing 6. South Applied For 6. Election Campaign Financing 6. Election Campaign Fin	Principal Place of Business Mailing Address 4519 N. VINCENT CT									
2. Princeton Flace of Business										
Suite, Apl. # occ. Suite, Apl. # occ. Suite, A										Report
Suite, April #, of to Suite, April #, of to Suite	2. Principal P	lace of Business	2a. Mailing Addres	s					A	pplied For
City & State	21						59-3196911			
City & State City & State City	· ·	#, etc	 	tc.			5. Certificate of Status Desired			
Tuel Fund Contribution Added to Fees	22									
Zip Country Zip Country B		e e	<u></u> ├──				,			
9. Name and Address of Current Registered Agent HERRERA, SLVIA C. 4512 N. ST. VINCENT ST. TAMPA FL 33614 82 Street Address (P.O. Box Number is Not Acceptable) 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent and a print and are dragonated and repointment and interactions. The purpose of changing its registered office or registered agent. And the purpose of change is registered office or registered agent. And such as a purpose of change is registered office or registered agent. And such as a purpose of change is registered of directors. Thereby accept the appointment as registered office or registered agent. And such as a purpose of change is registered agent. 12. OFFICIERS AND DIRECTORS 13. STREET AGENTS 13. STREET AGENTS 14. STREET AGENTS 14. STREET AGENTS 15. STREET AGENTS				1 0	Country			_=		
Section Sect	24	hand hand head		1 ·						
## City FL 85 Zip Code	=-11							Jistered Age	nt	
4512 N. ST. VINCENT ST. TAMPA FL 33614 82 Street Address (P.O. Box Number is Not Acceptable) 83 8 84 City FL 85 Zrp Code 11. Pursuant to the provisions of Sections 807 D902 and 607 1508. Florids Statutes, the above-anneal corporation submites this statement for the purpose of changing its registered agent, and to the provisions of Sections 807 D902 and 607 1508. Florids Statutes, the above-anneal corporation submites this statement for the purpose of changing its registered agent, and the interpretation of the purpose of changing its registered agent agent statement for the purpose of changing its registered agent agent statement for the purpose of changing its registered agent agent statement for the purpose of changing its registered agent agent statement for the purpose of changing its registered agent agent statement for the purpose of changing its registered agent agent statement for the purpose of changing its registered agent agent statement for the purpose of changing its registered agent agent statement for the purpose of changing its registered agent. In the purpose of changing its registered agent agen	HERF	RERA, SILVIA C.			81	Name				,
TAMPA FL 33614 Ba					82	Street Address (P.O. Box Number is Not Acceptable)				
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 office or registered agent, an above named corporation's board of directors. I hereby accept the appointment as registered agent an amainst with, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. DVS HERRERA, MANUEL SR. 15. TITLE 15. TITLE 15. TITLE 15. TITLE 15. TITLE 15. TAMPA FL 16. TITLE 16. THAPA FL	TAM	PA FL 33614								
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 lis registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with, and accept the obligation of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with, and accept the obligation of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with, and accept the obligation of Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with, and accept the obligation of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with acceptance of the provided acceptance of the					83					
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 lis registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. I am almalar with, and accept the obligations of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with, and accept the obligation of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with, and accept the obligation of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with, and accept the obligation of Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with, and accept the obligation of, Section 607.0508. Florida Statutes, 1 hereby accept the appointment as registered agent. In almalar with acceptance of the provided acceptance of the					84	City			35 Zip	Code
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME HERRERA, MANUEL SR. SIRRER ADDITS SIRRER ADDITS SIRRER ADDITS SIRRER ADDITS TAMPA FL 1.1 TILE HERRERA, MANUEL SR. 1.2 NAME 4512 N. VINCENT ST. 1.2 SIRRER ADDITS STREET ADDRESS CITY-S1-2P DP DELETE 1.1 TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition HERRERA, MANUEL SR. 1.2 NAME 4512 N. VINCENT ST. 1.2 SIRRER ADDRESS CITY-S1-2P DP DELETE 1.1 TILE ADDRESS STREET ADDRESS STREET ADDRESS CITY-S1-2P DP DELETE 3.1 TITLE DRAME 4512 N. VINCENT ST. 3.3 SIRRER ADDRESS CITY-S1-2P DELETE 4.1 TITLE DELETE ADDRESS CITY-S1-2P Change Addition Addition ADDRESS CITY-S1-2P Change Addition ADDRESS CITY-S1-2P Change Addition ADDRESS CITY-S1-2P Change Addition ADDRESS CHANGES AL CITY-S1-2P Change Addition ADDRESS CHANGES ADDRESS				~ ; · · · · · · · · · · · · · · · · · ·		•		FLI		
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME HERRERA, MANUEL SR. SIRRER ADDITS SIRRER ADDITS SIRRER ADDITS SIRRER ADDITS TAMPA FL 1.1 TILE HERRERA, MANUEL SR. 1.2 NAME 4512 N. VINCENT ST. 1.2 SIRRER ADDITS STREET ADDRESS CITY-S1-2P DP DELETE 1.1 TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition HERRERA, MANUEL SR. 1.2 NAME 4512 N. VINCENT ST. 1.2 SIRRER ADDRESS CITY-S1-2P DP DELETE 1.1 TILE ADDRESS STREET ADDRESS STREET ADDRESS CITY-S1-2P DP DELETE 3.1 TITLE DRAME 4512 N. VINCENT ST. 3.3 SIRRER ADDRESS CITY-S1-2P DELETE 4.1 TITLE DELETE ADDRESS CITY-S1-2P Change Addition Addition ADDRESS CITY-S1-2P Change Addition ADDRESS CITY-S1-2P Change Addition ADDRESS CITY-S1-2P Change Addition ADDRESS CHANGES AL CITY-S1-2P Change Addition ADDRESS CHANGES ADDRESS	11. Pursuant office or r	to the provisions of Sections 607 05 registered agent, or both, in the Sta	502 and 607,1508, Florida te of Florida, Such change	Statutes, the was authori	e above ized by	r-named co	orporation submits this statement for the paration's board of directors. I hereby accept	urpose of chi It the appoint	anging it Iment as	ts registered realstered
12.	agent. La	m familiar with, and accept the obli	gations of, Section 607.05	05, Florida S	Statutes	,				
12. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE DVS	SIGNATURE	*								
THE HERERA, MANUEL SR. SIRRET ADDRESS DELETE 1.1 TITLE Change Addition SIRRET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZP THE DP DELETE 2.7 TITLE Change Addition MAME HERRERA, SILVIA 2.2 NAME STREET ADDRESS STREET ADDRESS TAMPA FL 2.4 CITY-ST-ZP THE DELETE S.1 TITLE Change Addition HERRERA, MANUEL JR. 3.2 NAME SIMET ADDRESS STREET ADDRESS TAMPA FL 3.4 CITY-ST-ZP THE DELETE 41 TITLE Change Addition MAME 4.2 NAME SIRRET ADDRESS STREET ADDRESS TAMPA FL 3.4 CITY-ST-ZP THE DELETE S.1 TITLE Change Addition Addition Addition MAME SZ-NAME SIRRET ADDRESS STREET ADDRESS TAMPA FL STREET ADDRESS TAMPA FL STREET ADDRESS TAMPA FL STREET ADDRESS TAMPA FL STREET ADDRESS THE DELETE S.1 TITLE Change Addition Addition STREET ADDRESS THE SZ-NAME SIRRET ADDRESS SACITY-ST-ZP THE DELETE S.1 TITLE Change Addition Addition STREET ADDRESS STREET ADDRESS SACITY-ST-ZP THE SZ-NAME STREET ADDRESS STREET ADDRESS SACITY-ST-ZP THE	10					ni signature rec			BECTO	RS IN 12
NAME SIRRET ADDRESS CITY-ST-2P* CITY-ST-2P* TAMPA FL 1.3 STREET ADDRESS CITY-ST-2P* TAMPA FL 1.4 CITY-ST-2P LACTIVE ST-2P*							ADDITIONATION TO CONTROL		·····	
STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZP				- 1			I.			
TAMPA FL TITLE DP DELETE 21 TITLE 22 NAME 4512 N. VINCENT ST. TAMPA FL DELETE 23 STREET ADDRESS TAMPA FL DELETE 33 TITLE 24 ADTV-ST-2PP TITLE DP HERRERA, SILVA 4512 N. VINCENT ST. TAMPA FL DELETE 33 TITLE 24 ADTV-ST-2PP TAMPA FL 32 NAME 4512 N. VINCENT ST. 33 STREET ADDRESS TAMPA FL 34 CITY-ST-2PP TAMPA FL DELETE 41 TITLE DELETE 41 TITLE DELETE 43 STREET ADDRESS CITY-ST-2PP TOLE DELETE 55 TITLE DELETE 56 TITLE DELETE 56 TITLE DELETE 56 TITLE DELETE 56 TITLE DELETE 57 NAME 58 STREET ADDRESS CITY-ST-2PP TOLE DELETE 56 TITLE DELETE 67 TITLE DELETE 68 STREET ADDRESS CITY-ST-2PP TOLE DELETE 68 STREET ADDRESS CITY-ST-2PP TOLE DELETE 67 TITLE Change Addition AAME SIRRET ADDRESS CITY-ST-2PP TOLE BAME 68 STREET ADDRESS CITY-ST-2PP TOLE BAME 69 NAME BIRRET ADDRESS CITY-ST-2PP TOLE BAME 69 STREET ADDRESS CITY-ST-2PP TOLE BAME BADDRESS CITY-ST-2PP TOLE BAME BADDRESS CITY-ST-2PP TOLE BADDRESS CITY-ST-2PP TO						ADDRESS				
TITLE DP DELETE 21 TITLE Change Addition AME HERRERA, SILVIA 4512 N. VINCENT ST. TAMPA FL DELETE 3.1 TITLE AME HERRERA, MANUEL JR. 3.2 NAME SIRRET ADDRESS ASTRET ADDRESS CITY ST-70* DELETE 41 TITLE DELETE 41 TITLE AMME 4 2 NAME 4 3 STREET ADDRESS CITY ST-70* DELETE 51 TITLE DELETE 61		l .								
STREEL ADDRESS CHY-ST-ZIP TITLE D DELETE 3.1 TITLE D Change Addition MAKE HERRA, MANUEL JR. 4512 N. VINCENT ST. TAMPA FL 3.2 NAME SIRREL ADDRESS CHY-ST-ZIP DELETE 41 TITLE Change Addition	TITLE	L	☐ DELE						Change	Addition
TAMPA FL 10	NAMè	HERRERA, SILVIA		2.	2 NAME					
THEF D DELETE 3.1 THE 3.2 NAME AMME HERRERA, MANUEL JR. 3.2 NAME STREET ADDRESS CHY-ST-ZP THE DELETE 41 THE ADRESS CHY-ST-ZP THE DELETE 4.1 THE ADRESS CHY-ST-ZP THE DELETE 5.1 THE Change Addition Addition AMME STREET ADDRESS CHY-ST-ZP THE DELETE 5.1 THE Change Addition AMME STREET ADDRESS CHY-ST-ZP THE DELETE 5.1 THE Change Addition AMME STREET ADDRESS CHY-ST-ZP THE DELETE 5.1 THE Change Addition AMME STREET ADDRESS CHY-ST-ZP THE DELETE 6.1 THE Change Addition STREET ADDRESS CHY-ST-ZP THE BANKE STREET ADDRESS CHY-ST-ZP THE CHANGE BANKE STREET ADDRESS CHY-ST-ZP THE CHANGE BANKE STREET ADDRESS CHY-ST-ZP THE CHANGE BANKE STREET ADDRESS CHY-ST-ZP Addition AMME STREET ADDRESS CHY-ST-ZP THE CHANGE BANKE BANKE BANKE BANKE BANKE BANKE BASET ADDRESS CHY-ST-ZP THE CHANGE BANKE BANKE BANKE BASET ADDRESS CHY-ST-ZP Addition Addition Addition Addition Addition Addition Addition ADDRESS CHY-ST-ZP THE CHANGE BASET ADDRESS CHY-ST-ZP Addition ADDRESS CHY-ST-ZP Addition ADDRESS CHY-ST-ZP Addition ADDRESS CHY-ST-ZP ADD	STREET ADDRESS	4512 N. VINCENT ST.		2.	3 STREET	ADDRESS				
NAME STREET ADDRESS CHY-ST-ZP TAMPA FL STREET ADDRESS CHY-ST-ZP THLE NAME STREET ADDRESS CHY-ST-ZP THLE DELETE A1 TITLE A2 NAME A3 STREET ADDRESS CHY-ST-ZP THLE DELETE A1 TITLE A3 STREET ADDRESS CHY-ST-ZP THLE A4 CHY-ST-ZP THLE A5 STREET ADDRESS CHY-ST-ZP THLE A4 CHY-ST-ZP THLE A5 STREET ADDRESS CHY-ST-ZP THLE AME A5 STREET ADDRESS CHY-ST-ZP A6 CHY-ST-ZP A7 CHY-S	CHY-\$1-70	TAMPA FL		2.	4 CITY-S	T-ZIP				
STREET ADDRESS CHY-ST-ZIP TAMPA FL 33 STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE DELETE 41 TITLE 42 NAME 43 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME STREET ADDRESS CHY-ST-ZIP TITLE DELETE 53 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 53 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 54 CHY-ST-ZIP TITLE DELETE 53 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 61 TITLE Change Addition STREET ADDRESS CHY-ST-ZIP TITLE DELETE 61 TITLE Change Addition Addition STREET ADDRESS CHY-ST-ZIP TOLE NAME STREET ADDRESS CHY-ST-ZIP TOLE Addition STREET ADDRESS CHY-ST-ZIP TOLE DELETE 61 TITLE CHANGE Addition STREET ADDRESS CHY-ST-ZIP TOLE DELETE 64 CHY-ST-ZIP TAMPA FL STREET ADDRESS CHY-ST-ZIP TOLE DELETE 64 CHY-ST-ZIP TAMPA FL STREET ADDRESS CHY-ST-ZIP TOLE DELETE 64 CHY-ST-ZIP TAMPA FL STREET ADDRESS CHY-ST-ZIP TOLE DELETE 64 CHY-ST-ZIP TAMPA FL STREET ADDRESS CHY-ST-ZIP TOLE DELETE 65 TITLE DELETE CHANGE DELETE THE CHANGE DELETE DELETE THE CHANGE DELETE DELETE THE CHANGE DELETE DELETE THE CHANGE DELETE DELETE DELETE THE CHANGE DELETE DE	TITLE	D	DELE	TE 3.	.1 TITLE				Change	Addition
TAMPA FL 34. CITY-ST-ZIP TABLE DELETE 41 TITLE 42 NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE STREET ADDRESS	NAME			3.	.2 NAME					
THE DELETE 41 TITLE Change Addition NAME STREET ADDRESS CUY- ST-ZIP THLE DELETE 5.1 TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CTY- ST-ZIP THLE DELETE 6.1 TITLE DELETE 6.1 TITLE Change Addition Addition STREET ADDRESS CTY- ST-ZIP THLE DELETE 6.1 TITLE Change Addition A	STREET ADDRESS			3.	3 STREET	ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition Addition SIREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 STREET ADDRESS CITY-ST-ZIP TO Change Addition SIREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this equal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that	CHY-ST-ZIF	TAMPA FL		3.	4. CITY-S	T-ZIP				
STREET ADDRESS CITY ST-ZIP TITLE DELETE 5.1 TITLE S.2 NAME STREET ADDRESS CITY - ST-ZIP TITLE DELETE 5.4 CITY - ST-ZIP TITLE DELETE 5.5 STREET ADDRESS CITY - ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME 6.2 NAME 6.3 STREET ADDRESS CITY - ST-ZIP 4. 1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in ground or supplied with the information in ground or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that	TALE		☐ DEFE	TE 4	1 TITLE				Change	Addition
CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS CTY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS CTY-ST-ZIP TOTALE DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in supplied with the information in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is provided and provided	NAME			4	2 NAME					
TILLE NAME STREET ADDRESS C-TY-ST-ZIP TILLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS C-TY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. 1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclinated on this provider page and that my signature shall have the same legal effect as if made under eath; that	STREET ADORESS			4.	3 STREET	address				
NAME SIREFT ADDRESS C-TYST-ZIP TILLE DELETE 6.1 TITLE 6.2 NAME SIREFT ADDRESS C-TYST-ZIP 1. Change Addition SIREFT ADDRESS C-TYST-ZIP 1. Change Addition 1. Change 1. Chang	CITY - ST - ZIF				4 CITY+S	T-ZIP				
STREET ADDRESS C-TYSTZIP TITLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-STZIP 14. 1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that	TITLE		☐ DELE					L.J	Change	LJ Addition
C-TY-ST-ZIP TILE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that	NAME			5.	.2 NAME					
TITLE DELETE 61 TITLE Change Addition	STREET ADDRESS					l				
NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount report is true and accurate and that my signature shall have the same legal effect as if made under path; that			[] pric			T-21P			Channa	Additon
STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount report is true and accurate and that my signature shall have the same legal effect as if made under path; that								لــا	Change	LJ Modition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that				1						
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that				1		1				
information indicated on this expual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that		by each that the information event	ind with this filing door no				ted in Section 119 07/3/(i) Florida Statutas	. I further ce	artific that	t the
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	informatic	on indicated on this aroual report of	r supplemental annual rep	ort is true an	nd accu	rate and th	nat my signature shall have the same legal	l effect as if r	made un	nder oath: that