FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 14 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 178195 (4)

1. Corporation Name
FFD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1345 LARGO FL 34649	P.O. BOX 1345 LARGO FL 34649

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/09/1954
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 P.O. Box 12
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 P.O. Box 12
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-0721911 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOLEY, MICHAEL T.
2284 KINGS POINTE DRIVE
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FOLEY, M.T.	1.2 NAME		
STREET ADDRESS	2284 KINGS POINTE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	FOLEY, C.F.	2.2 NAME		
STREET ADDRESS	2284 KINGS POINTE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DICKERT, L. F	3.2 NAME		
STREET ADDRESS	1 BISHOP ST	3.3. STREET ADDRESS		
CITY-ST-ZIP	CROSS CITY FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HEIDENREICH, JR. J	4.2 NAME	Faircloth, Fr. B.	
STREET ADDRESS	2062-20TH AVENUE S.E.	4.3 STREET ADDRESS	2441 S. Byron Butler Pkwy.	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Perry, FL 32347	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FOLEY, M.J.	5.2 NAME		
STREET ADDRESS	3525 FORT CHARLES DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 0	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FAIRCLOTH, J.B.	6.2 NAME		
STREET ADDRESS	RT. 1 BOX 1592	6.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 0	6.4 CITY-ST-ZIP		

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)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael T. Foley 3/10/95 (813) 595-2067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL T. FOLEY PRESIDENT

0480040 FP

Corporation Document #178195

ADDENDUM
ANNUAL REPORT 1995

Title	D
Name	Dickert, D.
Address	U.S. 19 N. & S.R. 351A
City/St/ZIP	Cross City, FL 32328
Title	D
Name	Dickert, M.
Address	U.S. 19 N. & S.R. 351A
City/St/ZIP	Cross City, FL 32628