

**CORPORATION
ANNUAL REPORT
1995**

**FLORIDA DEPARTMENT OF REVENUE
Division of Corporations**

DOCUMENT # 243735

(8)

1. Corporation Name
F. F. F. CO.

Principal Place of Business
**300 WEST REYNOLDS STREET
P. O. BOX 1058
PLANT CITY FL 33564**

Mailing Address
**300 WEST REYNOLDS STREET
P. O. BOX 1058
PLANT CITY FL 33564**

95 APR 25 AM 10: 55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/13/1961	3a. Date of Last Report 04/25/1994
4. FEI Number 59-0954156	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
5. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**VERNER, S.P.
420 GULF BLVD
MADEIRA BCH. FL 33540**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	PD VERNER, S.P. 420 GULF BLVD. MADEIRA BCH. FL	1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	
STREET ADDRESS	SD SHUMP, JAMES R. 300 WEST REYNOLDS STREET PLANT CITY, FL	2.1 TITLE	☐ Change ☐ Addition
CITY - ST - ZIP		2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY - ST - ZIP	
CITY - ST - ZIP		3.1 TITLE	☐ Change ☐ Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	
STREET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
CITY - ST - ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	☐ Change ☐ Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(k), 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:

James R. Shump
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES R. SHUMP

4/20/95
DATE

(Type Name)