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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 243735

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/13/1961

4. FEI Number: 59-0954156 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 110 E. Reynolds Street	26
22 Suite 700	27
23 Plant City, Florida	28
24 33566 25	29 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): 420 Gulf Boulevard
83
84 City: Belleair Beach 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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	VERNER, S.P.		1.2 NAME		
STREET ADDRESS	420 GULF BLVD.		1.3 STREET ADDRESS	420 Gulf Boulevard	
CITY-ST-ZIP	MADEIRA BCH. FL		1.4 CITY-ST-ZIP	Belleair Beach, Florida	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SHUMP, JAMES R.		2.2 NAME		
STREET ADDRESS	300 WEST REYNOLDS STREET		2.3 STREET ADDRESS	110 E. Reynolds Street, Suite 700	
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP	Plant City, Fl 33566	
TITLE	VPD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	VERNER, JAMES P		3.2 NAME		
STREET ADDRESS	12112 GULF BLVD		3.3 STREET ADDRESS	110 E. Reynolds Street,Suite 700	
CITY-ST-ZIP	TREASURE ISLAND FL		3.4 CITY-ST-ZIP	Plant City, Fl 33566	
TITLE	D	☐ DELETE	4.1 TITLE	VP/Director	☒ Change ☐ Addition
NAME	VERNER, JOHN V.		4. 2 NAME		
STREET ADDRESS	420 GULF BLVD		4.3 STREET ADDRESS	420 Gulf Boulevard	
CITY-ST-ZIP	TREASURER ISLAND FL		4.4 CITY-ST-ZIP	Belleair Beach, Florida	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 2/18/99 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)