FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719194 (3)

1. Corporation Name
FAMILY RESOURCES, INC.

Principal Place of Business	Mailing Address
5959 CENTRAL AVE SUITE 200 ST. PETERSBURG FL 33710 US	5959 CENTRAL AVE. SUITE 200 ST. PETERSBURG FL 33710 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7146873 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 13087
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28 St. Petersburg, FL
Zip 24 Country 25	Zip 29 33733 Country 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JANE L. HARPER 5235 16TH ST., N. ST PETERSBURG FL 33703	81 Name: Jane L. Harper 82 Street Address (P.O. Box Number is Not Acceptable): 5959 Central Avenue 83 Suite 200 84 City: St. Petersburg FL 85 Zip Code: 33710

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	O	11 TITLE	[X] Change [ ] Addition
NAME	HARPER, JANE L	12 NAME	
STREET ADDRESS	5235 16TH ST N	13 STREET ADDRESS	5959 Central Avenue, Suite 200
CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP	St. Petersburg, FL 33710
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	FITZ, DAVID A.	22 NAME	
STREET ADDRESS	546 15TH AVE, NE	23 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	[ ] Change [ ] Addition
NAME	BROOK JOHN V. JR.	32 NAME	
STREET ADDRESS	3214 9TH ST. NORTH	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33704	34 CITY ST ZIP	
TITLE	V	41 TITLE	C [X] Change [ ] Addition
NAME	BOWMAN, PAMELA J	42 NAME	
STREET ADDRESS	13350 U.S. HIGHWAY 19, SOUTH	43 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	GARDNER, DOROTHY	52 NAME	
STREET ADDRESS	2860 ORANGE GROVE WAY	53 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	54 CITY ST ZIP	
TITLE	VC	61 TITLE	[ ] Change [ ] Addition
NAME	CUNNINGHAM, MONICA L	62 NAME	
STREET ADDRESS	6292 106TH AVE N	63 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane L. Harper JANE L. HARPER — 4/24/95 — (813) 893-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014716