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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 719194 **(3)**

1. Corporation Name

FAMILY RESOURCES, INC.

Principal Place of Business	Mailing Address
5959 CENTRAL AVE. SUITE 200 ST. PETERBURG FL 33710 US	P.O. BOX 13087 SUITE 200 ST. PETERSBURG FL 33733-3087 US

3. Date Incorporated or Qualified: 08/27/1970
3a. Date of Last Report: 03/22/1996

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

4. FEI Number: 23-7146873 ☐ 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

HARPER, JANE L.
5959 CENTRAL AVENUE
SUITE 200
ST. PETERSBURG FL 33710

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 617.0502 and 617.1508, 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 617.0503, 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	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	HUNT, HERBERT R		1.2 NAME	Jane L. Harper	
STREET ADDRESS	4404 WALLACE AVENUE		1.3 STREET ADDRESS	~~PO Box 13087~~ 5959 Central Ave Ste 200	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	St. Petersburg, FL ~~33733~~ 33710	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FITZ, DAVID A.		2.2 NAME		
STREET ADDRESS	546 15TH AVE, NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROOK JOHN V. JR.		3.2 NAME		
STREET ADDRESS	3214 9TH ST. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		3.4 CITY-ST-ZIP		
TITLE	VPT	☒ DELETE	4.1 TITLE	C	☐ Change ☒ Addition
NAME	HUMRICH, JAMES W		4.2 NAME	Monica L. Cunningham	
STREET ADDRESS	2910 ERIE STREET SOUTH		4.3 STREET ADDRESS	100 2nd Avenue North, 3rd Floor	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCDANIEL, ELLEN		5.2 NAME		
STREET ADDRESS	701 ORANGE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WILLIAMS, KENNETH S DR.		6.2 NAME	Pamela J. Bowman	
STREET ADDRESS	593 68TH AVENUE SOUTH		6.3 STREET ADDRESS	13350 US HWY 19 South	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	Clearwater, FL 34624	

CR2E037 (9/96)

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 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) 4/10/97 (813) 893-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051341