

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 167534 (7)

95 APR 13 PM 3: 13

1. Corporation Name

FIRST FAMILY FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**250 CARPENTER FREEWAY
IRVING TX 75062
US**

**P.O. BOX 660237
CORP TAX DEPT
DALLAS TX 75266-0237
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/28/1951

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-0714560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 this 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CHALMERS, ALAN
STREET ADDRESS	4362 PEACHTREE RD NE
CITY, ST, ZIP	ATLANTA GA
TITLE	VPT
NAME	HUGHES, JOHN
STREET ADDRESS	250 CARPENTER FREEWAY
CITY, ST, ZIP	IRVING TX
TITLE	S
NAME	HAYES, TIMOTHY
STREET ADDRESS	250 CARPENTER FREEWAY
CITY, ST, ZIP	IRVING TX
TITLE	AVAS
NAME	GREENE, PATRICK J
STREET ADDRESS	250 CARPENTER FREEWAY
CITY, ST, ZIP	IRVING TX
TITLE	D
NAME	COPELAND, WALTER B
STREET ADDRESS	250 CARPENTER FREEWAY
CITY, ST, ZIP	IRVING TX
TITLE	D
NAME	LONGENECKER, CHESTER D
STREET ADDRESS	250 CARPENTER FREEWAY
CITY, ST, ZIP	IRVING TX

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY, ST, ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY, ST, ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY, ST, ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY, ST, ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY, ST, ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
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)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patrick J. Greene

Patrick J. Greene

3/31/95

214-541-6577

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number