

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 178195 (4)

1. Corporation Name

FFD, INC.



Principal Place of Business

P O BOX 12
LARGO FL 34649
US

Mailing Address

P O BOX 12
LARGO FL 34649
US

3. Date Incorporated or Qualified
04/09/1954

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0721911

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

10. Name and Address of New Registered Agent

FOLEY, MICHAEL T.
2284 KINGS POINTE DRIVE
LARGO FL 34644

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME FOLEY, M.T.
STREET ADDRESS 2284 KINGS POINTE DR.
CITY-ST-ZIP LARGO FL

TITLE S ☐ DELETE
NAME FOLEY, C.F.
STREET ADDRESS 2284 KINGS POINTE DR.
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE
NAME DICKERT, L. F.
STREET ADDRESS 1 BISHOP ST
CITY-ST-ZIP CROSS CITY FL

TITLE D ☐ DELETE
NAME FAIRCLOTH, F. B.
STREET ADDRESS 2441 S BYRON BUTLER PKWY
CITY-ST-ZIP PERRY FL

TITLE D ☐ DELETE
NAME FOLEY, M.J.
STREET ADDRESS 3525 FORT CHARLES DRIVE
CITY-ST-ZIP NAPLES, FL 0

TITLE D ☒ DELETE
NAME FAIRCLOTH, J.B.
STREET ADDRESS RT. 1 BOX 1592
CITY-ST-ZIP PERRY, FL 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME DICKERT, D.
1.3 STREET ADDRESS U S 19 AND S R 351A
1.4 CITY-ST-ZIP CROSS CITY FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME DICKERT, M.
2.3 STREET ADDRESS U S 19 AND S R 351A
2.4 CITY-ST-ZIP CROSS CITY FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME FAIRCLOTH, J.J.
3.3 STREET ADDRESS 402 N. HOWARD AVE
3.4 CITY-ST-ZIP TAMPA FL

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/16/96 (813) 585-2067
Daytime Phone #

CR2E034 (12/95)