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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33779-0012
US

3. Date Incorporated or Qualified
04/09/1954

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

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 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 DICKERT, D
STREET ADDRESS U S 19 AND SR 351A
CITY - ST - ZIP CROSS CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME DICKERT, M.
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 FAIRCLOTH, J.J.
2.3 STREET ADDRESS 402 N. HOWARD AVE.
2.4 CITY - ST - ZIP TAMPA, FL

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 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.

SIGNATURE:

Michael T. Foley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97 (813) 587-6916
Date Daytime Phone #

CR2E034 (9/96)