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
95 APR 10 PM 2:46

DOCUMENT # F74549 (9)

1. Corporation Name
FIRST FAMILY VENTURES, INC.

Principal Place of Business	Mailing Address
2801 S. BAY STREET P.O. BOX 1090 EUSTIS FL 32727-1090	2801 S. BAY STREET P.O. BOX 1090 EUSTIS FL 32727-1090

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1982
3a. Date of Last Report: 05/17/1994

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

4. FEI Number: 59-2179871 ☐ 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

SHEPHERD, DAVID M.
2801 S. BAY ST
EUSTIS FL 32727

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 _____ 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KIRKPATRICK, JOHN B	1.2 NAME		
STREET ADDRESS	1601 BUENA VISTA DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	LAUBSCHER, LOUIS E	2.2 NAME		
STREET ADDRESS	40 INTERLAKEN ROAD	2.3 STREET ADDRESS	DELETE ENTIRE ENTRY	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	WINDRAM, THOMAS J.	3.2 NAME	MEREDITH, BRADLEY R	
STREET ADDRESS	840 FAIRVIEW AVE.	3.3 STREET ADDRESS	521 SPRING CREEK ROAD	
CITY-ST-ZIP	MT. DORA FL	3.4 CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WINTERSDORF, WILLIAM	4.2 NAME	HANSON, CATHERINE C	
STREET ADDRESS	1404 N. SINCLAIR AVE.	4.3 STREET ADDRESS	27603 SR 46	
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FURNAS, WILLIAM M.	5.2 NAME	BAVELIS, GEORGE A	
STREET ADDRESS	505 LAKE GRACIE DRIVE	5.3 STREET ADDRESS	52 E 15th AVENUE	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	COLUMBUS OH 43201	
TITLE	PDC	6.1 TITLE	PDC	☒ Change ☐ Addition
NAME	SHEPHERD, DAVID M	6.2 NAME	SHEPHERD, DAVID M	
STREET ADDRESS	36909 SANDY LANE	6.3 STREET ADDRESS	36909 SANDY LANE	
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	GRAND ISLAND, FL 32735-8427	

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: David M. Shepherd 4/5/95 904-357-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David M. Shepherd, President/CEO

0414840 FP