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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 MAR 13 PM 12:05

DOCUMENT # F93000002706 (0)

1. Corporation Name
FFE FINANCIAL CORP.

Principal Place of Business	Mailing Address
1160 S. MCCALL ROAD ENGLEWOOD FL 34223	1160 S. MCCALL ROAD ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1993
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26 P.O. Box 1405
Suite, Apt. #, etc.: 27
City & State: 28 Englewood, FL
Zip: 29 34295-9981 Country: 30 U.S.A.

4. FEI Number: 65-0391931 ☐ 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

SMITH, GAIL L
1160 S. MCCALL ROAD
ENGLEWOOD FL 34223

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	D	☐ Change ☒ Addition
NAME	MOSOLINO, MICHAEL J.	1.2 NAME	Rapp, Wilbur A.	
STREET ADDRESS	1160 S. MCCALL RD.	1.3 STREET ADDRESS	1160 S. McCall Road	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood, FL	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GAIL L	2.2 NAME		
STREET ADDRESS	1160 S. MCCALL ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	MOSSBARGER, WALLACE D	3.2 NAME		
STREET ADDRESS	1160 S. MCCALL ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	ALBRITTON, EUNICE G	4.2 NAME		
STREET ADDRESS	1160 S. MCCALL ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BASS, JOHN F	5.2 NAME		
STREET ADDRESS	1160 S. MCCALL ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BEDFORD, ROBERT L	6.2 NAME		
STREET ADDRESS	1160 S. MCCALL ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	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)(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: G. L. Smith 3/6/95 (813) 474-3205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
G. L. Smith, President

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