

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 538414 1. Corporation Name FAM-CO ENTERPRISES, INC.			
Principal Place of Business 3944 Soutel Dr. Jacksonville, Fla. 32208		Mailing Address 3944 Soutel Dr. Jacksonville, Fla. 32208	
2. Principal Place of Business 21 3944 Soutel Dr. Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent Leo Dennis 3944 Soutel Dr. Jacksonville, Fl. 32208		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 _____ (NEED Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE P Willie Dennis NAME 2421 Grand St. STREET ADDRESS Jacksonville, Fla. 32208 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE D 22 NAME Darryl Thompson 23 STREET ADDRESS 1731 W. 5th St 24 CITY-ST-ZIP Jacksonville, Fla. 31 TITLE D 32 NAME Wilene Dozier 33 STREET ADDRESS 2421 Grand St. 34 CITY-ST-ZIP Jacksonville, Fla. 32208 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. I 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 supplementary 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 of this report or on an attachment with an address.			
SIGNATURE: Willie F. Dennis - Willie F. Dennis			

CR2E034 (10/97)