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Jun 10, 2003 8:00 am
Secretary of State
06-10-2003 90035 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J38414

1. Entity Name

FAM-Co. Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
3944 Soutel Dr.	P. O. Box 9467	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Jacksonville, Fla.	City & State: Jacksonville, Fla.	4. FEI Number: 59-2895810 ☐ Applied For ☐ Not Applicable
Zip: 32208 Country: U.S.A.	Zip: 32208 Country: USA	5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Willye F. Dennis

Street Address (P.O. Box Number is Not Acceptable): 311 Woodlawn Rd

City: Jacksonville, FL Zip Code: 32209

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Willye F. Dennis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Wilene Dozier
STREET ADDRESS	2421 Grand St
CITY-ST-ZIP	Jacksonville, Fla. 32209
TITLE	Director
NAME	DARRYL Thompson
STREET ADDRESS	3105 Melanie St.
CITY-ST-ZIP	Jacksonville, Fla 32218
TITLE	Director
NAME	Byron C. Dennis
STREET ADDRESS	5960 S.W. 16th Ct.
CITY-ST-ZIP	Plantation, Fla 33317
TITLE	Director / Agent
NAME	Willye F. Dennis
STREET ADDRESS	Jacksonville, Fla. 32209
CITY-ST-ZIP	311 Woodlawn Rd
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Willye F Dennis 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #