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 JUN -1 PM 12:01

DOCUMENT # **J41549** **(3)**

1. Corporation Name
FIRST FAMILY HOMES, INC.

Principal Place of Business	Mailing Address
~~20 PRINCETON ROAD~~ P.O. BOX 1752 VENICE FL 34284-8752	~~20 PRINCETON ROAD~~ P.O. BOX 1752 VENICE FL 34284-8752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 2171 S. TAMIAMI TRAIL
Suite, Apt. #, etc. 22:
City & State 23: VENICE, FL
Zip 24: 34293 Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **59-2736031** ☐ 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

HAYDEN, JOSEPH N.
655 HOBART RD.
VENICE FL 34293

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: _____ Pres. 5/30/95
(Signature attesting to the typed name of the registered agent, and title if applicable) (NOTE: Registered Agent signature required when name changes) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HAYDEN, JOSEPH N.	12 NAME	
STREET ADDRESS	655 HOBART RD.	13 STREET ADDRESS	
CITY ST ZIP	VENICE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCCONNELL, PATRIC M.	22 NAME	
STREET ADDRESS	1180 TIMBER TRAIL	23 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD FL	24 CITY ST ZIP	
~~TITLE~~	~~D~~	31 TITLE	☐ Change ☐ Addition
NAME	KAEMMER, CRAIG	32 NAME	
STREET ADDRESS	516 WEST HILDA DR	33 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: _____ Pres. 5/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0488134 FP