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

APPROVED AND FILED

95 MAY -1 PM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L87779 (9)

1. Corporate Name
FAMILY MEDIATION CENTER, INC.

Principal Place of Business
1006 N. ARMENIA AVE.
TAMPA FL 33607

Mailing Address
1006 N. ARMENIA AVE
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1990
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-3026124
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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GILLETTE, DONALD R.
12213 N. ARMENIA AVE.
TAMPA FL 33612

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. Having agreed to act as registered agent for the above named corporation, I hereby accept the appointment as registered agent and agree to comply with the provisions of Florida Statutes.

(Signature)

12. OFFICERS AND DIRECTORS

DP
GILLETE, DONALD R.
12213 N. ARMENIA AVE.
TAMPA FL

DST
GILLETTE, MARY ELLEN
12213 N. ARMENIA AVE.
TAMPA FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS — Change / Add

14. I hereby 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 above, or on attached amendment, or on other legal document similarly authorized.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (813)8771210
Date Phone #

0292996 CP