

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
TAMM B. MATHIAS  
GOVERNOR  
DIVISION OF CORPORATIONS

DOCUMENT # **M72693 (8)**  
1. Corporation Name: **F&C FFS, INC.**



Principal Place of Business: **2404 ROGERO JACKSONVILLE FL 32211**  
Mailing Address: **2404 ROGERO JACKSONVILLE FL 32211**

2. Principal Place of Business: **2404 ROGERO JACKSONVILLE FL 32211**  
21. State: **FL**  
22. City & State: **JACKSONVILLE FL**  
23. Zip: **32211**  
24. Country: **USA**  
9. Name and Address of Current Registered Agent: **CAROCCIO, FRANK 2404 ROGERO ROAD JACKSONVILLE FL 32211**

3. Date Incorporation Occurred: **03/14/1988**  
3a. Date of Last Report: **04/28/1995**  
4. FID Number: **59-2876640**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaigns From 1994 Trust Fund Contributions:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Applicable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.02 and 607.03, Florida Statutes, the undersigned, as registered corporation, hereby certifies that the information furnished hereon is true and correct to the best of the undersigned's knowledge and belief.

SIGNATURE OF OFFICER OR DIRECTOR: \_\_\_\_\_

12. OFFICERS AND DIRECTORS:  
NAME: **P CAROCCIO, FRANK.**  
STREET ADDRESS: **2404 ROGERO ROAD. JACKSONVILLE FL**  
CITY, STATE, ZIP: **ST CAROCCIO, CARLENE. 2404 ROGERO ROAD. JACKSONVILLE FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:  
 Change  Add  
 Change  Add  
 Change  Add  
 Change  Add

14. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: *Carlene Caroccio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Carlene Caroccio S-T**

4-15-96 904-744-2363

CR2E034 (12/95)