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 12 AM 8:59

DOCUMENT # **M84654** **(6)**

1. Corporation Name
F.F.O. FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
% PHYLLIS A. ELAM 2013 LIVE OAK BLVD. ST. CLOUD FL 34771 US	% PHYLLIS A. ELAM 2013 LIVE OAK BLVD ST. CLOUD FL 34771 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1988
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

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

4. FEI Number: 59-2899802 ☐ 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

ELAM, PHYLLIS, A
2013 LIVE OAK BLVD.
ST. CLOUD FL 34771

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HOUGH, WILLIAM R	12 NAME		
STREET ADDRESS	2013 LIVE OAK BOULEVARD	13 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BROWN, DONALD S.	22 NAME		
STREET ADDRESS	2013 LIVE OAK BOULEVARD	23 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	24 CITY-ST-ZIP		
TITLE	C	31 TITLE	D	☒ Change ☐ Addition
NAME	DAVIS, JAMES B.	32 NAME	Davis, James B.	
STREET ADDRESS	2013 LIVE OAK BOULEVARD	33 STREET ADDRESS	2013 Live Oak Blvd.	
CITY-ST-ZIP	ST. CLOUD FL	34 CITY-ST-ZIP	St. Cloud, FL	
TITLE	C	41 TITLE		☐ Change ☐ Addition
NAME	MAY, ALFRED T.	42 NAME		
STREET ADDRESS	2013 LIVE OAK BOULEVARD	43 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MOORE, EDWARD H.	52 NAME		
STREET ADDRESS	2013 LIVE OAK BOULEVARD	53 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PIERSON, MILDRED	62 NAME		
STREET ADDRESS	2013 LIVE OAK BOULEVARD	63 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	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: _____ 407/892-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0377686 CP