

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49284 1. Corporation Name WE ARE F.A.M.I.L.Y. INC.	(5)
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FILED
1995 AUG -3 AM 9:18
TALLAHASSEE, FLORIDA

Principal Place of Business 1337 W. 31ST STREET JACKSONVILLE FL 32209	Mailing Address P.O. BOX 3464 JACKSONVILLE FL 32206
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1992	3a. Date of Last Report 06/24/1994
4. FBI Number 59-3146304	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 1138 Tonia	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 218	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL.	City & State 28
Zip 24 32206	Country 25 Duval
Zip 29	Country 30

9. Name and Address of Current Registered Agent GRIGGS, EDDIE L. 1337 W. 31ST STREET JACKSONVILLE FL 32209	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIGGS, EDDIE L.	1.2 NAME	
STREET ADDRESS	1337 WEST 31ST STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32209	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIGGS, MARY L.	2.2 NAME	
STREET ADDRESS	1337 WEST 31ST. STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32209	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BENSON, MAMIE	3.2 NAME	
STREET ADDRESS	9664 DEVONSHIRE BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	WALKER, LAFRANCIS	4.2 NAME	Round Tree, Brenda
STREET ADDRESS	6709 NORFOLK BLVD.	4.3 STREET ADDRESS	5506 Natlie Rd.
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	Jacksonville, FL. 32207
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	DEMERRITT, STANLEY	5.2 NAME	Heatherman, Kenneth M.
STREET ADDRESS	8121 POPE PLACE	5.3 STREET ADDRESS	2909 SE. Johns Ave.
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	Jacksonville, FL. 32205
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	WALKER, LAFRANCIS	6.2 NAME	Sapp, Michelle
STREET ADDRESS	767 WEST BEAVER STREET	6.3 STREET ADDRESS	7512 Lam Turner Rd
CITY - ST - ZIP	JACKSONVILLE FL 32202	6.4 CITY - ST - ZIP	Jacksonville, FL. 32208

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eddie L. Griggs 7-31-95 353-1243
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)