SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT 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 26 AM 9:04

DOCUMENT # **P92000005701 (7)**

1. Corporation Name
FAMILY FINANCE, INC.

Principal Place of Business	Mailing Address
13815 LAKE VILLAGE PLACE TAMPA FL 33624	13815 LAKE VILLAGE PLACE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/16/1992**
3a. Date of Last Report: **04/15/1994**

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

4. FEI Number: **59-3153612** ☐ 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

CRAMER, NANCY
13815 LAKE VILLAGE PLACE
TAMPA FL 33624

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	~~P~~ D	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	CRAMER, NANCY H	1.2 NAME	Cramer, Nancy H.	
STREET ADDRESS	13815 LAKE VILLAGE PLACE	1.3 STREET ADDRESS	13815 Lake Village Pl	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	Tampa Fl 33624	
TITLE	~~P~~	2.1 TITLE	Pres.	☐ Change ☒ Addition
NAME	~~Terence Cramer SR.~~	2.2 NAME	Terence Cramer Jr.	
STREET ADDRESS		2.3 STREET ADDRESS	6201 N Nebraska Ave	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa Fl 336	
TITLE	~~Vice Pres~~	3.1 TITLE	Vice Pres	☐ Change ☒ Addition
NAME	~~Terence Cramer, SR~~	3.2 NAME	Terence Cramer SR	
STREET ADDRESS	~~13815 Lake Village PL~~	3.3 STREET ADDRESS	13815 Lake Village PL	
CITY-ST-ZIP	~~Tampa, FL 33624~~	3.4 CITY-ST-ZIP	Tampa Fl 33624	
TITLE	~~2nd V.P.~~	4.1 TITLE	Vice Pres	☐ Change ☒ Addition
NAME	~~Russell~~	4.2 NAME	Russell Backstrom	
STREET ADDRESS		4.3 STREET ADDRESS	13813 Lake Village PL	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa Fl 33624	
TITLE		5.1 TITLE	Sec/Treas	☐ Change ☒ Addition
NAME		5.2 NAME	Candice Backstrom	
STREET ADDRESS		5.3 STREET ADDRESS	13813 Lake Village PL	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa Fl 33624	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Russell C. Backstrom Russell C. Backstrom 6/20/95 238-3451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0000075 CP