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 APR 13 PM 2:41

DOCUMENT # **P94000050767 (0)**

1. Corporation Name
FIRST FAMILY FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
2801 SOUTH BAY ST. EUSTIS FL 32627	2801 SOUTH BAY ST. EUSTIS FL 32627

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 07/08/1994
3a. Date of Last Report:
4. FEI Number: 59-3277352 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

IGLER & DOUGHTERY, P.A.
315 SOUTH CALHOUN ST.
SUITE 500
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: IGLER & DOUGHERTY, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1501 Park Avenue East
83
84 City: Tallahassee **FL** 85 Zip Code: 32301

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	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	SHEPHERD, DAVID M	12 NAME	WINTERSDORF, WILLIAM	
STREET ADDRESS	36909 SANDY LANE	13 STREET ADDRESS	1404 N SINCLAIR AVENUE	
CITY ST ZIP	~~LEESBURG FL 34788~~ GRAND ISLAND FL 32735	14 CITY ST ZIP	TAVARES FL 32778	
TITLE	STD	21 TITLE	D	☐ Change ☒ Addition
NAME	MEREDITH, BRADLEY R	22 NAME	KIRKPATRICK, JOHN B JR.	
STREET ADDRESS	521 SPRING CREEK RD	23 STREET ADDRESS	1601 BUENA VISTA DRIVE	
CITY ST ZIP	LONGWOOD FL 32779	24 CITY ST ZIP	EUSTIS FL 32726	
TITLE	D	31 TITLE		XX Change ☐ Addition
NAME	LAUBSCHER, LOUIS E	32 NAME		
STREET ADDRESS	40 INTERLAKEN ROAD	33 STREET ADDRESS	DELETE LAUBSCHER ENTRY IN #12	
CITY ST ZIP	ORLANDO FL 32804	34 CITY ST ZIP		
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	BAVELIS, GEORGE A	42 NAME	WINDRAM, THOMAS J.	
STREET ADDRESS	500 S OCEAN BOULEVARD	43 STREET ADDRESS	840 FAIRVIEW AVENUE	
CITY ST ZIP	BOCA RATON FL 33334	44 CITY ST ZIP	MOUNT DORA FL 32757	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	FURNAS, WILLIAM M	52 NAME	PRICE, BRAXTON W., M.D.	
STREET ADDRESS	P.O. DRAWER 580 N/A	53 STREET ADDRESS	P O BOX 550 N/A	
CITY ST ZIP	EUSTIS FL 32727-0580	54 CITY ST ZIP	EUSTIS FL 32727-0550	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	HANSON, CATHERINE C	62 NAME	VOLDNESS, I. D.	
STREET ADDRESS	27603 STATE ROAD 46	63 STREET ADDRESS	130 E. CEDAR STREET	
CITY ST ZIP	SORRENTO FL 32776	64 CITY ST ZIP	HOWEY IN THE HILLS FL 34737	

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: David M. Shepherd 4/6/95 (904) 357-4171
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR — Date — Daytime Phone #
David M. Shepherd, President/CEO

6049781 CF