

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017943 (7)

1. Corporation Name

FOUR FAMILIES, INC.

Principal Place of Business

559 SO. COUNTRY CLUB DRIVE  
LAKE MARY FL 32746

Mailing Address

559 SO. COUNTRY CLUB DRIVE  
LAKE MARY FL 32746-3917

3. Date Incorporated or Qualified 02/26/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 POST OFFICE BOX 125  
Suite, Apt. #, etc.

2a. Mailing Address  
26 POST OFFICE BOX 125  
Suite, Apt. #, etc.

4. FEI Number 59-3364840  
Applied For  
Not Applicable

22 City & State  
23 ORMOND BEACH, FLORIDA

27 City & State  
28 ORMOND BEACH, FLORIDA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32175  
25 Country USA

29 Zip 32175  
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSIER, JOSEPH A  
559 SO. COUNTRY CLUB DRIVE  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name DOUGLAS WALL  
82 Street Address (P.O. Box Number is Not Acceptable) 2 ROBIN COURT  
83  
84 City ORMOND BEACH FL 85 Zip Code 32174

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 Douglas R. Wall

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ROSIER, JOSEPH A	
STREET ADDRESS	559 SO. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	Change	Addition
1.2 NAME	DOUGLAS WALL		
1.3 STREET ADDRESS	2 ROBIN COURT		
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174		
2.1 TITLE	S/D	Change	Addition
2.2 NAME	SUSI WHITE		
2.3 STREET ADDRESS	50 COWIDGE		
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174		
3.1 TITLE	T/D	Change	Addition
3.2 NAME	SUSIE SHAEFER		
3.3 STREET ADDRESS	1102 SHERBORN WAY		
3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174		
4.1 TITLE	V/P/D	Change	Addition
4.2 NAME	BARBARA COOPER		
4.3 STREET ADDRESS	5388 TURTON LANE		
4.4 CITY-ST-ZIP	HARBOR OAKS, FL 32127		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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: Douglas R. Wall

4-28-97

CR2E034 (9/96)