

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08 1997 8:00am  
Secretary of State

DOCUMENT # P96000079830 (1)

1. Corporation Name  
FURR CHILD, INC.



Principal Place of Business

4222 FORESTER LANE  
TAMPA FL 33624

Mailing Address

4222 FORESTER LANE  
TAMPA FL 33624-2726

2. Principal Place of Business

21 Tampa Florida  
Suite, Apt. #, etc.

22 Tampa Florida  
City & State

23 Tampa Florida  
Zip Country

24 33624 25 USA

2a. Mailing Address

26 4222 Forester Ln  
Suite, Apt. #, etc.

27 Tampa FL  
City & State

28 Tampa FL  
Zip Country

29 33624 30 USA

9. Name and Address of Current Registered Agent

CLARK, GREGORY D  
18167 US 19 NORTH  
SUITE 500  
CLEARWATER FL 34624

3. Date Incorporated or Qualified

09/24/1996

3a. Date of Last Report

4. FEI Number

59 3410961

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

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

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

(NOTE: Registered Agent signature required when reappointing)

4/29/97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILLIAMS, PHYLLIS  
STREET ADDRESS 4222 FORESTER LANE  
CITY-ST-ZIP TAMPA FL 33624

TITLE D  
NAME WILLIAMS, JOHNNY  
STREET ADDRESS 4222 FORESTER LANE  
CITY-ST-ZIP TAMPA FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 in an attachment with an address.

SIGNATURE

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

4/29/97 (012)269-9212

CR2E034 (9/96)