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FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000091209 (2)

1. Corporation Name

FAMILY ASSISTANCE SERVICES, INC.



Principal Place of Business

2404 CHANTILLY TERRACE
OVIEDO FL 32765

Mailing Address

2404 CHANTILLY TERRACE
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

59-315 7565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Family Assistance Services, Inc.

Suite, Apt. #, etc.

22 2404 Chantilly Terr

City & State

23 Oviedo, FLA

Zip

24 32765

Country

25 USA

2a. Mailing Address

26 P.O. Box 2145

Suite, Apt. #, etc.

27 Goldenrod, FLA

City & State

28 32733

Zip

29 USA

Country

30 USA

9. Name and Address of Current Registered Agent

COX, FLOYD JR
2404 CHANTILLY TERRACE
OVIEDO FL 32765

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

Floyd Cox, Jr. Floyd Cox, Jr.

1-5-98

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME COX, FLOYD JR
STREET ADDRESS 2404 CHANTILLY TERRACE
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ DELETE

NAME COX, FLOYD JR
STREET ADDRESS 2404 CHANTILLY TERRACE
CITY-ST-ZIP OVIEDO FL 32765

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

Floyd Cox, Jr. REQUIRED

1-5-98

CR2E034 (10/97)