

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012659

1. Corporation Name
AMERICAN FAMILY MANAGEMENT, INC.

Principal Place of Business
101 WEST MAIN ST
#170
LAKELAND FL 33815

Mailing Address
PO BOX 393
LAKELAND FL 33802

FILED
03-30-1999 90002 047 ***150.00
99 APR 21 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/07/1997	
4. FEI Number APPLIED FOR 59-3532825	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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent
SANDBA, GREGORY A
101 W MAIN STREET
SUITE 100B
LAKELAND FL 33802

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. 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 607.0503, Florida Statutes.

SIGNATURE		DATE	
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	SANDBA, GREGORY A	1.1 TITLE	☐ Change ☐ Addition
101 W MAIN ST	101 W MAIN ST	1.2 NAME	
LAKELAND FL 33815	LAKELAND FL 33815	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
VP	MARTIN, JOSHUA	2.1 TITLE	☐ Change ☐ Addition
12378 DIOGENES CT	12378 DIOGENES CT	2.2 NAME	
ORLANDO FL 32801	ORLANDO FL 32801	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 as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

Date: 3-26-99

Daytime Phone #

CR2E034 (11/98)