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FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000023818 (2)**

1. Corporation Name

FAMILY OFFICE SERVICES CORPORATION

Principal Place of Business

**C/O KIMBRELL AND HAMANN, P.A.
799 BRICKELL PLAZA SUITE 900 BRICKELL CEN.
MIAMI FL 33131-2805**

Mailing Address

**C/O KIMBRELL AND HAMANN, P.A.
799 BRICKELL PLAZA SUITE 900 BRICKELL CEN.
MIAMI FL 33131-2805**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3435309

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

2. Principal Place of Business

2a. Mailing Address

50 North Front St.

Suite, Apt. #, etc.

27

City & State

Memphis TN

Zip

38103

Country

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9. Name and Address of Current Registered Agent

**RESIDENT AGENTS CORPORATION OF FLORIDA
C/O KIMBRELL AND HAMANN, P.A.
799 BRICKELL PLAZA SUITE 900 BRICKELL CEN.
MIAMI FL 33131-2805**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
BROWN, DONALD E
1031 WEST MORSE BLVD., SUITE 100
WINTER PARK FL 32789-3738**

TITLE ☐ DELETE

**D
FONTES, DONALD F
4300 SIX FORKS RD., SUITE 400
RALEIGH NC 27809**

TITLE ☐ DELETE

**D
BLANTON, WILLIAM J
4300 SIX FORKS RD., SUITE 400
RALEIGH NC 27809**

TITLE ☐ DELETE

**D
WELLER, JOSEPH C
50 N. FRONT ST.
MEMPHIS TN 38103**

TITLE ☐ DELETE

**D
RUCH, WALTER A
50 N. FRONT ST.
MEMPHIS TN 38103**

TITLE ☐ DELETE

**D
MINNICK, DAVID M
50 N. FRONT ST.
MEMPHIS TN 38103**

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:

5/29/98

901-524-4117

CR2E034 (10/97)