

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90034 039 ***150.00

DOCUMENT # P97000023818

1. Corporation Name

FAMILY OFFICE SERVICES CORPORATION



Principal Place of Business

Mailing Address

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

50 N FRONT ST
799 BRICKELL PLAZA SUITE 900 BRICKELL CEN.
MIAMI FL 33131-2805
US

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1127 Edgewater Dr
Suite, Apt. #, etc.

26 50 North Front St.
Suite, Apt. #, etc.

22
City & State
23 Orlando, FL

27
City & State
28 Memphis, TN

24 Zip Country
32804 25

29 Zip Country
38103 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BROWN, DONALD E
STREET ADDRESS 1031 WEST MORSE BLVD., SUITE 100
CITY-ST-ZIP WINTER PARK FL 32789-3738

1.1 TITLE D
1.2 NAME Maxwell, CHARLES D.
1.3 STREET ADDRESS 50 N. Front St.
1.4 CITY-ST-ZIP Memphis, TN 38103

TITLE D
NAME FONTES, DONALD F
STREET ADDRESS 4300 SIX FORKS RD., SUITE 400
CITY-ST-ZIP RALEIGH NC 27609

2.1 TITLE D
2.2 NAME Pitt, Jim
2.3 STREET ADDRESS 50 N. Front St.
2.4 CITY-ST-ZIP Memphis, TN 38103

TITLE D
NAME BLANTON, WILLIAM J
STREET ADDRESS 4300 SIX FORKS RD., SUITE 400
CITY-ST-ZIP RALEIGH NC 27609

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

TITLE D
NAME WELLER, JOSEPH C
STREET ADDRESS 50 N. FRONT ST.
CITY-ST-ZIP MEMPHIS TN 38103

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

TITLE D
NAME RUCH, WALTER A
STREET ADDRESS 50 N. FRONT ST.
CITY-ST-ZIP MEMPHIS TN 38103

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

TITLE D
NAME MINNICK, DAVID M
STREET ADDRESS 50 N. FRONT ST.
CITY-ST-ZIP MEMPHIS TN 38103

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

CHARLES D. MAXWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

904-579-4243
Date Daytime Phone #

CR2E034 (1/98)