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

PROFIT CORPORATION ANNUAL REPORT 2000

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

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90134 033 ***150.00

DOCUMENT # P97000023818
Corporation Name
FAMILY OFFICE SERVICES CORPORATION

Principal Place of Business	Mailing Address
KIMBRELL AND HAMANN, P.A. BRICKELL PLAZA SUITE 900 BRICKELL CEN. 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

2. Principal Place of Business	2a. Mailing Address
1127 Edgewatee Dr	26 50 North Front St.
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
City & State: Orlando, FL	28 City & State: Memphis, TN
Zip: 32804 25 Country	29 Zip: 38103 30 Country: US

4. FEI Number: 59-3435309 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	BROWN, DONALD E		1.2 NAME	MAXWELL, CHARLES D.	
STREET ADDRESS	1031 WEST MORSE BLVD., SUITE 100		1.3 STREET ADDRESS	50 N. Front St.	
CITY-ST-ZIP	WINTER PARK FL 32789-3738		1.4 CITY-ST-ZIP	Memphis, TN 38103	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	FONTES, DONALD F		2.2 NAME	Pitt, Jim	
STREET ADDRESS	4300 SIX FORKS RD., SUITE 400		2.3 STREET ADDRESS	50 N. Front St.	
CITY-ST-ZIP	RALEIGH NC 27609		2.4 CITY-ST-ZIP	Memphis, TN 38103	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLANTON, WILLIAM J		3.2 NAME		
STREET ADDRESS	4300 SIX FORKS RD., SUITE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27609		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WELLER, JOSEPH C		4.2 NAME		
STREET ADDRESS	50 N. FRONT ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38103		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUCH, WALTER A		5.2 NAME		
STREET ADDRESS	50 N. FRONT ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38103		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MINNICK, DAVID M		6.2 NAME		
STREET ADDRESS	50 N. FRONT ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38103		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 4-24-00 (901) 524-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #