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

Mailing Address

PROFIT
CORRORATION
ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 18, 2001 8:00 am Secretary of State 05-18-2001 91579 009 \*\*\*150.00

## DOCUMENT # **P97000023818**1. Corporation Name

**FAMILY OFFICE SERVICES CORPORATION** 

C/O KIMBRELL AND HAMANN. P.A.  799 BRICKELL PLAZA SUITE 900 BRICKELL CEN.  MIAMI FL 33131-2805  MIAMI FL 33131-2805				KELL CE	N.	DO NOT WRITE IN THIS SPACE				
		US			. 3	<ol> <li>Date Incorporated or Quali 03/17/1997</li> </ol>	fed			
2. Principal Place of Business 2a, Mailing Address						4. FEI Number			Applied For	
21 1127 Edgewater DC 26 50 North Front				·		59-3435309		— <del>;</del> -	Not Applicable	
Suite, Apt. #, etc. Suite. Apt. #, etc. 27 Attn. Accountin				ing Dept.		5. Certifcate of Status Desired	ı 🗆	-	Additional Required	
City & State - City & State - 28 Memphis, TN				.J -l		5Election Campaign Financi Trust Fund Contribution	9 \$5.00 May Be Added to Fees			
Zip Country Zip Cou				Country 8. This corporation owes the current year intangible						
24 32804 25 29 38103 30 1					K Personal Property Tax. ☐ Yes ☐ No					
ε.	9. Name and Address of Current	Registered Agent			10	0. Name and Address of Ne	w Registered	Agent		
		<b>-</b>	81	Name	•					
	IDENT AGENTS CORPORATION O	F FLORIDA	82	Street	t Address (	P O Roy Number is Not Acce	otable)		<del></del>	
C/O KIMBRELL AND HAMANN, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)						
	BRICKELL PLAZA SUITE 900 BRIC	CKELL CEN.	83	1						
MIAIM	M FL 33131-2805		-	ļ				Tabl To		
			84	City			FL	85 Zip	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	orized by	the corp						
SIGNATURE								. :.	<u> </u>	
	Signature, typed or printed name of registered agent a			M lignature	required when		DATE			
12.	OFFICERS AND		13.	<del></del>		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE		D a	AUAPLES D.		Change	E MODIOCH	
NAME	BROWN, DONALD E		1.2 NAME		MAXIVE	LL CHARLES D.				
STREET ADDRESS	1031 WEST MORSE BLVD., SUN	E 100	1.3 STREE	TADORESS	50 M	Front St.				
CITY-ST-ZIP	WINTER PARK FL 32789-3738		1.4 CITY-S	T-ZIP	Mewb	E018E at . 21			16 <del>7</del> 0 4440	
TITLE	D	☐ DELETE	2.1 TITLE		D	r:		Change	Addition	
NAME	FONTES, DONALD F		22 NAME		P:++, J	ነነጣ ተ፣ ው			·	
STREET ADDRESS	4300 SIX FORKS RD., SUITE 400	)	2.3 STREE	T ADORESS	50 N.	Front St.				
CITY-ST-ZIP	RALEIGH NC 27609		2.4 CITY-5		Memp	ohis. 770 38103				
TITLE	-D <sup>2-</sup>	☐ DELETE	3.1 TJLE	-	] .			☐ Change	Addition	
NAME	BLANTON, WILLIAM J		32 NAME		1					
STREET ADDRESS	4300 SIX FORKS RD., SUITE 400	)	3.3 STREE	ADORESS	1				i	
CITY-ST-ZIP	RALEIGH NC 27609		3.4. CITY-5	T-ZIP	<del> </del>	<del></del>				
mre i	<b>-</b> _		4.1 TITLE					Change	Addition	
NAME	WELLER, JOSEPH C				1					
STREET ADDRESS	50 N. FRONT ST.		4.3 STREET	ADDRESS						
CITY-ST-ZIP	MEMPHIS TN 38103		44 CITY-S	r-zip						
TITLE	D	☐ DELETE	5.1 TITLE		}			☐ Change	Addition	
NAME	RUCH, WALTER A		5.2 NAME						l 1	
STREET ADDRESS!	50 N. FRONT ST.		5.3 STREET		1				į	
CITY-ST-ZIP	MEMPHIS TN 38103	DELETE	5.4 CITY-ST	·ZIP	<b></b> _				- Thatas on	
TITLE	D	<u>⊯</u> DELETE	6.1 TITLE		1	*		Change	Addition	
NAME	MINNICK, DAVID M		62 NAME							
STREET ADDRESS	50 N. FRONT ST.	'	6.3 STREET		}				;	
CITY-ST-ZIP	MEMPHIS TN 38103	A	6.4 CITY-ST		<u> </u>	440.07/0\/\0.5			i-fa-mation	
indicated of officer or d	ertify that the information supplied with in this annual report or supplemental ai irrector of the corporation or the receive ir Block 13 if channed, or on an attaching	nnual report is true and accurate r or trustee empowered to exec	and that	my sign	nature shall required by	I have the same legal effect as	if made under	r oath; that	l am an	
D1041 12 U	T DIOCK TO IT CITA (1981). OF OIL ATT ATTACKING	rem with an address, with all off	19 97th 15th	INCAG: C	· · ·					