

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S87111** (8)  
1. Corporation Name  
**FLORIDA FAMILY FINANCE, INC.**



Principal Place of Business  
**19400 US HIGHWAY 19 NORTH  
P.O. DRAWER 4580  
CLEARWATER FL 34618-4580**

Mailing Address  
**19400 US HIGHWAY 19 NORTH  
P.O. DRAWER 4580  
CLEARWATER FL 34618-4580**

3. Date incorporated or Qualified  
**10/11/1991**

3a. Date of Last Report  
**03/14/1996**

4. FEI Number  
**59-3091996**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent

**KENYON, BRADLEY, W  
19400 US 19 N  
CLEARWATER FL 34618**

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

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                      | PD                    | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | KENYON, BRADLEY W     | <input checked="" type="checkbox"/> DELETE | 1.2 NAME  |  |  |
| STREET ADDRESS             | 19400 US HIGHWAY 19 N | <input checked="" type="checkbox"/> DELETE | 1.3 STREET ADDRESS                                    |  |  |
| CITY - ST - ZIP            | CLEARWATER FL         | <input checked="" type="checkbox"/> DELETE | 1.4 CITY - ST - ZIP                                   |  |  |
| TITLE                      | VD                    | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | KENYON, ROGER F       | <input checked="" type="checkbox"/> DELETE | 2.2 NAME  |  |  |
| STREET ADDRESS             | 19400 US HIGHWAY 19 N | <input checked="" type="checkbox"/> DELETE | 2.3 STREET ADDRESS                                    |  |  |
| CITY - ST - ZIP            | CLEARWATER FL         | <input checked="" type="checkbox"/> DELETE | 2.4 CITY - ST - ZIP                                   |  |  |
| TITLE                      | SD                    | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | KENYON, JANE          | <input type="checkbox"/> DELETE            | 3.2 NAME  |  |  |
| STREET ADDRESS             | 19400 US HIGHWAY 19 N | <input type="checkbox"/> DELETE            | 3.3 STREET ADDRESS                                    |  |  |
| CITY - ST - ZIP            | CLEARWATER FL         | <input type="checkbox"/> DELETE            | 3.4 CITY - ST - ZIP                                   |  |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                       | <input type="checkbox"/> DELETE            | 4.2 NAME  |  |  |
| STREET ADDRESS             |                       | <input type="checkbox"/> DELETE            | 4.3 STREET ADDRESS                                    |  |  |
| CITY - ST - ZIP            |                       | <input type="checkbox"/> DELETE            | 4.4 CITY - ST - ZIP                                   |  |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                       | <input type="checkbox"/> DELETE            | 5.2 NAME  |  |  |
| STREET ADDRESS             |                       | <input type="checkbox"/> DELETE            | 5.3 STREET ADDRESS                                    |  |  |
| CITY - ST - ZIP            |                       | <input type="checkbox"/> DELETE            | 5.4 CITY - ST - ZIP                                   |  |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                       | <input type="checkbox"/> DELETE            | 6.2 NAME  |  |  |
| STREET ADDRESS             |                       | <input type="checkbox"/> DELETE            | 6.3 STREET ADDRESS                                    |  |  |
| CITY - ST - ZIP            |                       | <input type="checkbox"/> DELETE            | 6.4 CITY - ST - ZIP                                   |  |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)