FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V55920 (5)

1. Corporation Name

FAMILY ENTERPRISES OF SPRING HILL, INC.

Principal Place of Business
1440 PINEHURST DRIVE
SPRING HILL FL 33526

Mailing Address
1440 PINEHURST DRIVE
SPRING HILL FL 33526

3. Date Incorporated or Qualified: 08/03/1992

3a. Date of Last Report: 03/17/1995

4. FEI Number: 59-3134371 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 5240 COMMERCIAL WAY
Suite, Apt. #, etc
22
City & State
23 SPRING HILL FL.
Zip 24 34606 Country 25 HERNANDO

2a. Mailing Address
26 5240 COMMERCIAL WAY
Suite, Apt. #, etc
27
City & State
28 SPRING HILL, FL.
Zip 29 34606 Country 30 HERNANDO

9. Name and Address of Current Registered Agent

DURDEN, MARY
1440 PINEHURST DRIVE
SPRING HILL FL 33526

10. Name and Address of New Registered Agent

81 Name TELANA DURDEN
82 Street Address (P.O. Box Number is Not Acceptable) 5240 COMMERCIAL WAY
83
84 City SPRING HILL FL 85 Zip Code 34606

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 Telana D. Durden 6-18-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☑ DELETE
NAME	DURDEN, MARY	
STREET ADDRESS	1440 PINEHURST DR.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VPT	☐ DELETE
NAME	WALKER, SHERRY	
STREET ADDRESS	5304 JAMES TERR	
CITY-ST-ZIP	HOMOSASSA SPGS FL	
TITLE	VPS	☐ DELETE
NAME	DURDEN, TELANA	
STREET ADDRESS	PO BOX 4098 N/A	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	100001881091	
5.3 STREET ADDRESS	-07/02/96--01014--033	
5.4 CITY-ST-ZIP	***225.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Telana D. Durden 5-29-96 352-596-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #