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 # **J90345** **(6)**

1. Corporation Name

FAMILY DEVELOPMENT, INC.

Principal Place of Business

2033 MAIN STREET
STE 303
SARASOTA FL 34237
US

Mailing Address

2033 MAIN STREET
SUITE 303
SARASOTA FL 34237
US

3. Date Incorporated or Qualified: **08/28/1987**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0004324** ☐ 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 had, 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 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

SABA, RICHARD D.
2033 MAIN STREET
STE 303
SARASOTA FL 34237

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 607.1605, 617.1605, 620.1905, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 TITLE	P.	☐ Change ☒ Addition
NAME	O'REILLY, CHRISTINE		2 NAME	Paul F GRANGER	
STREET ADDRESS	5774 RUNNING BROOK DRIVE		3 STREET ADDRESS	5008 INVERNESS DR	
CITY-ST-ZIP	WESTERVILLE OH		4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	☐ DELETE	1 TITLE	D.	☐ Change ☒ Addition
NAME	GRANGER, PAUL A.		2 NAME	MARTIN GRANGER	
STREET ADDRESS	383 BELLE FONTAINE AVE.		3 STREET ADDRESS	1482 ELEVENSTONE DR	
CITY-ST-ZIP	MARION OH		4 CITY-ST-ZIP	WORTHINGTON, OH. 43085	
TITLE	D	☐ DELETE	1 TITLE	D.	☐ Change ☒ Addition
NAME	GRANGER, KEVIN K.		2 NAME	KELLY GRANGER	
STREET ADDRESS	391 FALL RIVER DRIVE		3 STREET ADDRESS	4555 TETON CT.	
CITY-ST-ZIP	REYNOLDSBURG OH		4 CITY-ST-ZIP	GAHANNA, OH. 43230	
TITLE	S	☐ DELETE	1 TITLE	D.	☐ Change ☒ Addition
NAME	GRANGER, KATHLEEN		2 NAME	BRADLEY GRANGER	
STREET ADDRESS	5008 INVERNESS DR		3 STREET ADDRESS	91 GRAND AVE.	
CITY-ST-ZIP	SARASOTA FL		4 CITY-ST-ZIP	MARYSVILLE, OH. 43040	
TITLE	D	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	BALLINGER, TERESA L.		2 NAME		
STREET ADDRESS	1161 HOLVERSTOTT DRIVE		3 STREET ADDRESS		
CITY-ST-ZIP	MARION OH		4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	GRANGER, JEFFREY F.		2 NAME		
STREET ADDRESS	203 W ROSELAWN DR		3 STREET ADDRESS		
CITY-ST-ZIP	LOGANSPORT IN		4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, complete and accurate, for purposes of subsection 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 attached sheet, with my address.

SIGNATURE: Kathleen Granger, Secy. 3-16-96 941-351-1411
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

CR2E034 (12/95)