

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 08/28/1987	
		4. FEI Number 65-0004324		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 607.0502 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 relistening)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'REILLY, CHRISTINE	1.2 NAME	BRADLEY J. GRANGER
STREET ADDRESS	5482 STILLWATER AVE.	1.3 STREET ADDRESS	91 GRAND AVE.
CITY-ST-ZIP	WESTERVILLE OH	1.4 CITY-ST-ZIP	MARYSVILLE, OH.
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, PAUL A.R.	2.2 NAME	GRANGER, PAUL F.
STREET ADDRESS	5008 INVERNESS DR	2.3 STREET ADDRESS	5008 INVERNESS DR.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL.
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANGER, KEVIN K.	3.2 NAME	MARTIN GRANGER
STREET ADDRESS	391 FALL RIVER DRIVE	3.3 STREET ADDRESS	1482 CLOVENSTONE DR
CITY-ST-ZIP	REYNOLDSBURG OH	3.4 CITY-ST-ZIP	WORTHINGTON, OH.
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANGER, KATHLEEN	4.2 NAME	KELLY GRANGER
STREET ADDRESS	5008 INVERNESS DR	4.3 STREET ADDRESS	6506 COBBLERS TRAIL
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	MIDDLETOWN, OH.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLINGER, TERESA L.	5.2 NAME	
STREET ADDRESS	1110 PINERIDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, JEFFREY F.	6.2 NAME	
STREET ADDRESS	203 W ROSELAWN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOGANSPOUT IN	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.

SIGNATURE:

Kathleen Granger, S.

2-24-98

941-351-1411

CR2E034 (10/97)