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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

322731

appears in Block 12 or Block 13 if changed, or an attachment with an address

SIGNATURE:

(1)

BILL THROWER CO., INC. Principal Place of Business Mailing Address 4120 UNIVERSITY BLVD CT 4120 UNIVERSITY BLVD CT JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 3a. Date of Last Report 3. Date Incorporated or Qualified 11/02/1967 04/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1196068 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THROWER, WILLIAM W. Street Address (P.O. Box Number is Not Acceptable) 4120 UNIVERSITY BLVD. COURT 83 JACKSONVILLE FL 32217 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeof or protect hame of registered agent and the manage are-(NOVE Regulated Agent signature required when renstancy 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD DELETE 1 TITLE THROWER, WILLIAM W NAME 1.2 NAME CR2E034 STREET ADDRESS 418 PONTE VEDRA BLVD 1.3 STREET ADDRESS PONTE VEDRA BEACH FL CITY-ST-ZIP 14 CHY-ST-ZIP TITLE DELETE ☐ Change 2 1 III F Addition NAME THROWER DOROTHY C. 2.2 NAME STREET ADDRESS 418 PONTE VEDRA BLVD 2.3 STREET ADDRESS PONTE VEDRA BEACH FL CHTY-ST-ZIP 2.4 C(TY - S1 - Z)P TiTLE DELETE 3 170fLE ☐ Change ☐ Add.tion NAM: THROWER, WILLIAM W. JR. 3.2 NAME 418 PONTE VEDRA BLVD STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 3.4 CITY - ST - ZIP THILE DELETE 4 1 THE ☐ Change Addition NAME THROWER, BARRY H. JR 4.2 NAME STREET ADDRESS 418 PONTE VEDRA BLVD 4.3 STREET ADDRESS CHTY - ST- 7IP PONTE VEDRA BEACH FL 4.4 CITY - ST. ZIP TITLE DELFTE 5 1 THEE Change Add tion POUNDERS, BETTY L. 52 NAME 7230 LEM TURNER CIR. STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS. CITY - ST-ZIP 6.4 C+TY - ST - ZIP 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 logal 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

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