

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

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**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 322731 (1)

1. Corporation Name
BILL THROWER CO., INC.



Principal Place of Business 4120 UNIVERSITY BLVD CT JACKSONVILLE FL 32217	Mailing Address 4120 UNIVERSITY BLVD CT JACKSONVILLE FL 32217-2224
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3. Date Incorporated or Qualified 11/02/1967	3a. Date of Last Report 04/29/1996
4. FEI Number 59-1196068	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**THROWER, WILLIAM W.
4120 UNIVERSITY BLVD. COURT
JACKSONVILLE FL 32217**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THROWER, WILLIAM W	
STREET ADDRESS	418 PONTE VEDRA BLVD	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	THROWER DOROTHY C.	
STREET ADDRESS	418 PONTE VEDRA BLVD	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THROWER, WILLIAM W. JR.	
STREET ADDRESS	418 PONTE VEDRA BLVD	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THROWER, BARRY H. JR	
STREET ADDRESS	418 PONTE VEDRA BLVD	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POUNDERS, BETTY L.	
STREET ADDRESS	7230 LEM TURNER CIR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THROWER, BARRY H.
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: Betty P. Pounds APRIL 15, 1997 904-739-0702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BETTY POUNDERS, V.P.** Date: _____ Daytime Phone #: _____

CR2E034 (9/96)