FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # 322731** BILL THROWER CO., INC. 04-04-2001 90014 049 ***150.00 Principal Place of Business Mailing Address 4120 UNIVERSITY BLVD CT 4120 UNIVERSITY BLVD CT JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 737002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1196068 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THROWER, WILLIAM W. Street Address (P.O. Box Number is Not Acceptable) 4120 UNIVERSITY BLVD. COURT JACKSONVILLE FL 32217 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** Mày Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Change ☐ Addition TITLE ☐ Delete THROWER.WILLIAM W NAME NAME 418 PONTE VEDRA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ Addition TITLE □ Delete TITLE ☐ Change THROWER DOROTHY C. NAME NAME 418 PONTE VEDRA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL CITY-ST-71P Change ☐ Delete ☐ Addition THROWER, WILLIAM W. JR. NAME NAME 418 PONTE VEDRA BLVD 4120 UNIVERSITY BLVD. COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL JACKSONVILLE, FL 32217 X Change ☐ Addition TITLE ☐ Delete TITLE THROWER, BARRY H NAME NAME 1051 SEAHAWK DR. N. STREET ADDRESS 418 PONTÉ VEDRA BLVD STREET ADDRESS JACKSONVILLE BEACH, FL 32082 CITY-ST-ZIP PONTE VEDRA BEACH FL CITY-ST-ZIP TITLE ☐ Detete Change Addition TITLE POUNDERS, BETTY L. NAME STREET ADDRESS 7230 LEM TURNER CIR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address. with all other like empowered.

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.23-01

904.739-0702