

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15466** (8)

1. Corporation Name
TROUT RIVER CLUB, INC.



Principal Place of Business 9745 LEM TURNER ROAD JACKSONVILLE FL 32208-8563	Mailing Address 9745 LEM TURNER ROAD JACKSONVILLE FL 32208-1563
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3. Date Incorporated or Qualified **06/13/1986** 3a. Date of Last Report **04/19/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number **NOT APPLICABLE** 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent ZUERCHOR, JAMES 2032 ED JOHNSON DR JAX FL 32226	
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD ZUERCHOR, JAMES
STREET ADDRESS	2032 ED JOHNSON DR
CITY-ST-ZIP	JAX FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PV WELCH, WILLIAM C
STREET ADDRESS	2540 HIDDEN VILLAGE DR
CITY-ST-ZIP	JAX FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD HOTHAM, RICHARD E
STREET ADDRESS	5150 BROADWAY AVE
CITY-ST-ZIP	JAX FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD RICHARDSON, JAMES
STREET ADDRESS	10327 DENTON RD
CITY-ST-ZIP	JAX FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MCGINNYS, C
STREET ADDRESS	8989 4TH AVE
CITY-ST-ZIP	JAX 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BYERS Theodore F.
2.3 STREET ADDRESS	9211 HAMMILL AVENUE
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JONES, RICHARD A.
5.3 STREET ADDRESS	11753 WATER BLUFF DR. E.
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 4/10/97 800-627-1200

CR2E037 (9/96)