

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 322731

Entity Name: BILL THROWER CO., INC.

Current Principal Place of Business:

4120 UNIVERSITY BLVD CT
JACKSONVILLE, FL 32217

Current Mailing Address:

4120 UNIVERSITY BLVD CT
JACKSONVILLE, FL 32217

FEI Number: 59-1196068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COB
Name THROWER,WILLIAM W
Address 4120 UNIVERSITY BLVD CT
City-State-Zip: JACKSONVILLE FL 32217

Title ST
Name THROWER DOROTHY C.
Address 418 PONTE VEDRA BLVD
City-State-Zip: PONTE VEDRA BEACH FL

Title PCOO
Name THROWER, WILLIAM W. JR.
Address 4120 UNIVERSITY BLVD. COURT
City-State-Zip: JACKSONVILLE FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM W THROWER SR

COB

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date