

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 262718 (0)

1. Corporation Name

TROUTMAN ENTERPRISES, INC.

Principal Place of Business

**2659 PARK STREET
JACKSONVILLE FL 32204**

Mailing Address

**2659 PARK STREET
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1962

3a. Date of Last Report

02/08/1994

4. FBI Number

59-0983093

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**PARRISH JR, EDWARD S
501 W BAY STREET, SUITE 110
JACKSONVILLE FL**

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

(Signature of agent or printed name of registered agent and the P. number)

(Signature of Registered Agent (signature required after nomination))

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
TROUTMAN, HOWARD P
5423 WHITNEY STREET
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VD
TROUTMAN, TIM
5423 WHITNEY STREET
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**STD
TROUTMAN, JEANETTE
5423 WHITNEY STREET
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VD
ENGLISH, VICKI
1939 LAYTON RD
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VD
TROUTMAN, POLLY
3530 BEACH BLVD
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H. P. Troutman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95
DATE

**301
305-8537**
TELEPHONE NUMBER