

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 312635 (6)

1. Corporation Name

TOM TROUT, INC.



Principal Place of Business

5569-1 BOWDEN ROAD  
JACKSONVILLE FL 32216

Mailing Address

5569-1 BOWDEN ROAD  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified  
01/10/1967

3a. Date of Last Report  
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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30

4. FEI Number  
59-1164590

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

10. Name and Address of New Registered Agent

STINE, CLAIRE M.  
5569-1 BOWDEN ROAD  
JACKSONVILLE FL 32216

81 Name

Charles F. Craun

82 Street Address (P.O. Box Number is Not Acceptable)

5569 Bowden Road, Suite 1

83

84 City

Jacksonville

FL

85 Zip Code

32216

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

*Charles F. Craun*  
Signature typed or printed name of registered agent or director (if applicable)

Charles F. Craun

5/14/96

(Print. Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME TROUT, THOMAS W  
STREET ADDRESS 2199 ASTOR STREET #401  
CITY-ST-ZIP ORANGE PARK FL

1.1 TITLE Executive Vice President ☐ Change ☒ Addition  
1.2 NAME Charles F. Craun  
1.3 STREET ADDRESS 1604 Arcadia Drive, #311  
1.4 CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☐ Addition

TITLE SDT ☐ DELETE  
NAME TROUT, JOAN H  
STREET ADDRESS 2199 ASTOR STREET #401  
CITY-ST-ZIP ORANGE PARK FL

TITLE VP ☐ DELETE  
NAME TROUT, THOMAS III  
STREET ADDRESS 2417 JOSE CIRCLE N  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Charles F. Craun*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles F. Craun, EVP

5/14/96

904-737-5412

CR2E034 (12/95)