

**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**  
4. FEI Number: **59-1164590**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**STINE, CLAIRE M.  
5569-1 BOWDEN ROAD  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent  
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: *[Signature]* **Charles F. Craun** 5/14/96  
(Print Name, Registered Agent, Signature Required After Resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TROUT, THOMAS W	
STREET ADDRESS	2199 ASTOR STREET #401	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	TROUT, JOAN H	
STREET ADDRESS	2199 ASTOR STREET #401	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TROUT, THOMAS III	
STREET ADDRESS	2417 JOSE CIRCLE N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles F. Craun	
1.3 STREET ADDRESS	1604 Arcadia Drive, #311	
1.4 CITY-ST-ZIP	Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *[Signature]* **Charles F. Craun, EVP** 5/14/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE  
 904-737-5412

CR2E034 (12/95)