

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jun 26 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 312635 (6)**

1. Corporation Name  
**TOM TROUT, INC.**



Principal Place of Business <b>5569-1 BOWDEN ROAD JACKSONVILLE FL 32216</b>	Mailing Address <b>5569-1 BOWDEN ROAD JACKSONVILLE FL 32216-8001</b>
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3. Date Incorporated or Qualified <b>01/10/1967</b>	3a. Date of Last Report <b>05/17/1996</b>
4. FEI Number <b>59-1164590</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CRAUN, CHARLES F  
5569 BOWDEN ROAD  
SUITE 1  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81. Name  
**TROUT, THOMAS III**

82. Street Address (P.O. Box Number is Not Acceptable)  
**2417 SAN JOSE CIRCLE N.**

83. City  
**JACKSONVILLE**

84. State  
**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 *Thomas Trout III* **THOMAS TROUT III** DATE **6/19/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROUT, THOMAS W</b>	12 NAME	
STREET ADDRESS	<b>2199 ASTOR STREET #401</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	14 CITY-ST-ZIP	
TITLE	<b>SDT</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROUT, JOAN H</b>	22 NAME	
STREET ADDRESS	<b>2199 ASTOR STREET #401</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	24 CITY-ST-ZIP	
TITLE	<b>VP</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROUT, THOMAS III</b>	32 NAME	
STREET ADDRESS	<b>2417 JOSE CIRCLE N</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	34 CITY-ST-ZIP	
TITLE	<b>EVP</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAUN, CHARLES F</b>	42 NAME	
STREET ADDRESS	<b>1804 ARCADIA DRIVE #311</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Thomas Trout III* DATE **6/19/97**

CR2E034 (9/96)