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Jun 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32216-8001



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
01/10/1967

3a. Date of Last Report
05/17/1996

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

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

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

THOMAS TROUT III

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

6/19/97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
TROUT, THOMAS W
2100 ASTOR STREET #401
ORANGE PARK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

SDT
TROUT, JOAN H
2100 ASTOR STREET #401
ORANGE PARK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VP
TROUT, THOMAS III
2417 JOSE CIRCLE N
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

EVP
CRAUN, CHARLES F
1804 ARCADIA DRIVE #311
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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

6/19/97

217-5412 (211)

CR2E034 (9/96)