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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
TOM TROUT, INC. .

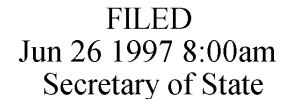
312635

(6)

Principal Place of Business SERVE DOMINER BOAD

Mailing Address

SECOL DOMOCH DOLD





JACKSONVILLE FL \$2216		JACKSONVILLE FL 32216-8001				
				3. Date Incorporated or Qualified 01/10/1967	3a. Date of Last Report 05/17/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		[26]		59-1164590	Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	·	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Country	8. This corporation has liability for in		
24	25	29	<u> [30]</u>		Yes No	
	9. Name and Address of Curre AUN, CHARLES F	nt Hegistered Agent	Q1 Nama	10. Name and Address of New Reg		
5569 BOWDEN ROAD SUITE 1 JACKSONVILLE FL 32218			TRC 62 Street Add 24	Name TROUT, THOMAS III Street Address (F.O. Box Number is Not Acceptable) 2417 SAN JOSE CIRCLE N.		
			84 Cily	CKSONVILLE	FL 85 Zip Code 322 16	
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. Thereby accept the appointment as registered agent. I am familiar with acceptance obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lyaded or prelied name of the plant of the plan						
12.		erland title if applicable (NC ID DIRECTORS	TE: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	11 10 LE		Change Addition	
NAME	TROUT, THOMAS W	_	1.2 NAME		[;	
STREET ADDRESS	2199 ASTOR STREET #401		13 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL		14 CITY-ST-ZIP			
TITLE	SDT	☐ DELETE	2 1 TITLE		Change Addition	
NAME	TROUT, JOAN H		22 NAME			
STREET ADDRESS	2199 ASTOR STREET #401		2 3 STREET ADDRESS			
CITY-SY-ZIP	ORANGE PARK FL		2 4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition	
NAME	TROUT, THOMAS III		3 2 NAME			
STREET ADDRESS	2417 JOSE CIRCLE N JACKSONVILLE FL		3 3 STREET ADDRESS			
CITY-ST-ZIP	EVP EVP	D. Mariera	3 4, CITY - ST - 7IP			
TITLE	CRAUN, CHARLES F	DELETE	4 1 TITLE		Change Addition	
NAME	1804 ARCADIA DRIVE #311		4 2 NAME			
STREET ADDRESS	JACKSONVILLE FL		4 3 STREET ADDRESS			
CITY-ST-ZIP	WACKSONTIALLE I L	DELETE	4 4 CiTY-ST-ZIP		Change Addition	
TITLE		[] DETELE	5 1 THTLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 9 STREET ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.4 CHY-ST-7IP 6.1 THE	The state of the s	Change Addition	
NAME			€2 NAME		C outside C vanigati	
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			64 CrtY+S1+ZIP			

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 eath; that I am an officer or director of the corporation or the receiver of 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.

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