FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **477011** **(1)**

1. Corporation Name
TON-ROY, INC.

Principal Place of Business	Mailing Address
4215 SOUTHPOINT BLVD. STE 100 JACKSONVILLE FL 32216	4215 SOUTHPOINT BLVD. STE 100 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1975
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1603061 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAYNE, WILLARD, JR.
4280 BLEINHEIM PL
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PAYNE JR, WILLARD	12 NAME	
STREET ADDRESS	4280 BLEINHEIM PL	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	
TITLE	~~VP~~	21 TITLE	VT ☒ Change ☐ Addition
NAME	~~PAYNE, TROY LYNN~~	22 NAME	Pam Payne
STREET ADDRESS	~~4280 BLEINHEIM PL~~	23 STREET ADDRESS	4280 Bleinheim Pl
CITY-ST-ZIP	~~JACKSONVILLE, FL 00000~~	24 CITY-ST-ZIP	Jacksonville, Fl 32225
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PAYNE, WILLARD JR	32 NAME	
STREET ADDRESS	4280 BLEINHEIM PL	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	
TITLE	AVP	41 TITLE	☐ Change ☐ Addition
NAME	ANSBACHER, LEWIS	42 NAME	100001453917
STREET ADDRESS	4215 SOUTHPOINT BLVD#100	43 STREET ADDRESS	-04/12/95--01018--017
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP	****200.00 ****200.00
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	PAYNE, PAM	52 NAME	
STREET ADDRESS	4280 BLEINHEIM PL	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 is currently furnished and 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: Willard Payne Jr. 3/13/95 904-356-5532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Willard Payne, Jr.
LW 4-11-95

001018 CP