

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

FILED

May 09 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 477011 (1)  
1. Corporation Name:  
TON-ROY, INC.

Principal Place of Business

1722 DAVIS STREET  
JACKSONVILLE FL 32209

Mailing Address

4215 SOUTHPOINT BLVD. STE 100  
JACKSONVILLE FL 32216-0999

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/29/1975

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1603081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | P                        | <input type="checkbox"/> DELETE |
| NAME           | PAYNE JR, WILLARD        |                                 |
| STREET ADDRESS | 4280 BLEINHEIM PL        |                                 |
| CITY- ST- ZIP  | JACKSONVILLE, FL 00000   |                                 |
| TITLE          | VT                       | <input type="checkbox"/> DELETE |
| NAME           | PAYNE, PAM               |                                 |
| STREET ADDRESS | 4280 BLEINHEIM PL        |                                 |
| CITY- ST- ZIP  | JACKSONVILLE FL 32225    |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | PAYNE, WILLARD JR        |                                 |
| STREET ADDRESS | 4280 BLEINHEIM PL        |                                 |
| CITY- ST- ZIP  | JACKSONVILLE, FL 00000   |                                 |
| TITLE          | AVP                      | <input type="checkbox"/> DELETE |
| NAME           | ANSBACHER, LEWIS         |                                 |
| STREET ADDRESS | 4215 SOUTHPOINT BLVD#100 |                                 |
| CITY- ST- ZIP  | JACKSONVILLE, FL 00000   |                                 |
| TITLE          | S                        | <input type="checkbox"/> DELETE |
| NAME           | PAYNE, PAM               |                                 |
| STREET ADDRESS | 4280 BLEINHEIM PL        |                                 |
| CITY- ST- ZIP  | JACKSONVILLE FL          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY- ST- ZIP  |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY- ST- ZIP  |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY- ST- ZIP  |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY- ST- ZIP  |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY- ST- ZIP  |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0034842

CR2E034 (9/96)