FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F80848** **(7)**

1. Corporation Name

FOXTROT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
209 S. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084	209 S. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified: **05/11/1982**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **NOT APPLICABLE** ☐ 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

9. Name and Address of Current Registered Agent

CROYLE, GARY
209 PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

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 individual giving notice) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	Director	☐ Change ☐ Addition
NAME	WEBB, CHARLES W		12 NAME	Ned Thomure	
STREET ADDRESS	693 CIRA CT		13 STREET ADDRESS	354 Casuarina Circle	
CITY-ST-ZIP	ST AUGUSTINE FL		14 CITY-ST-ZIP	St. Augustine, Fl. 32086	
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CROYLE, GARY E		22 NAME		
STREET ADDRESS	209 SOUTH PONCE DE LEON		23 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		24 CITY-ST-ZIP		
TITLE	P	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	COLPITTS, ROBERT		32 NAME		
STREET ADDRESS	615 QUEENS ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		34 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LAVIGNE, ROBERT		42 NAME		
STREET ADDRESS	272 BRIGHTON COURT		43 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		44 CITY-ST-ZIP		
TITLE	V	☐ DELETE	51 TITLE	500001720395	☐ Change ☐ Addition
NAME	WARNER, HENRY C. J		52 NAME	-02/21/96--01046--010	
STREET ADDRESS	700 PINEHURST PLACE		53 STREET ADDRESS	***200.00	
CITY-ST-ZIP	ST. AUGUSTINE FL		54 CITY-ST-ZIP		
TITLE	S	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SCHWAB, CHARLES W.		62 NAME		
STREET ADDRESS	2861 S PONTE VEDRA BLVD.		63 STREET ADDRESS		
CITY-ST-ZIP	SOUTH PONTE VERDA FL		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily 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: Gary E. Croyle, Treasurer Gary E. Croyle Jan. 25, 1996 904 824 1625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)