

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90112 043 ***150.00

DOCUMENT # F80848

1. Corporation Name

FOXTROT ASSOCIATES, INC.

Principal Place of Business

209 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

Mailing Address

209 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1982

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 460 S. HORSESHOE RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 460 S. HORSESHOE RD.
Suite, Apt. #, etc.

City & State

23 ST. AUGUSTINE, FL.

City & State

28 ST. AUGUSTINE, FL.

Zip

Country

24 32095 25 USA

Zip

Country

29 32095 30 USA

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

GARY CROYLE

82 Street Address (P.O. Box Number is Not Acceptable)

460 S. HORSESHOE RD

83

84 City ST. AUGUSTINE

FL

85 Zip Code 32095

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 D ☐ DELETE
NAME THOMURE, NED
STREET ADDRESS 354 CASUARINA CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE T ☐ DELETE
NAME CROYLE, GARY E
STREET ADDRESS 209 SOUTH PONCE DE LEON
CITY-ST-ZIP ST AUGUSTINE FL

TITLE P ☐ DELETE
NAME COLPITTS, ROBERT
STREET ADDRESS 615 QUEENS ROAD
CITY-ST-ZIP ST. AUGUSTINE FL B

TITLE V ☐ DELETE
NAME WARNER, HENRY C. J
STREET ADDRESS 700 PINEHURST PLACE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE S ☐ DELETE
NAME SCHWAB, CHARLES W.
STREET ADDRESS 2861 S PONTE VEDRA BLVD.
CITY-ST-ZIP SOUTH PONTE VERDA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME D THOMURE, NED
1.3 STREET ADDRESS 702-1A GRAYSTONE LANE
1.4 CITY-ST-ZIP NEWARK, DE. 19711

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: GARY CROYLE Gary Croyle Feb. 18, 1999 1-904-829-5718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)