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 17 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K99632 (7)

1. Corporation Name
TROW, INC.

Principal Place of Business	Mailing Address
% CHARLES R. TROWBRIDGE 14691 SW 21ST ST DAVIE FL 33325	% CHARLES R. TROWBRIDGE 14691 SW 21ST ST DAVIE FL 33325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1989
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address
21 % Bob Trowbridge	26 % Bob Trowbridge
22 Suite, Apt. #, etc. 3059 West Plantation Pines Ct.	27 Suite, Apt. #, etc. 3059 West Plantation Pines Ct.
23 City & State Lecanto, Florida.	28 City & State Lecanto, Florida
24 Zip 34461 25 Country Citrus	29 Zip 34461 30 Country Citrus

4. FEI Number: 65-0126588 ☐ 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

TROWBRIDGE, CHARLES R.
14691 SW 21ST ST
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: Bob Trowbridge
82 Street Address (P.O. Box Number is Not Acceptable): 3059 West Plantation Pines Court
83
84 City: Lecanto FL 85 Zip Code: 34461

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: Robert L. Trowbridge Robert L. Trowbridge 4/9/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	TROWBRIDGE CHARLES R.	12 NAME		
STREET ADDRESS	14691 SW 21ST ST	13 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	TROWBRIDGE, ROBERT	22 NAME	Trowbridge, Robert	
STREET ADDRESS	14691 SW 21ST ST	23 STREET ADDRESS	3059 West Plantation Pines Court	
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	Lecanto Florida 34461	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	TROWBRIDGE, LOREN	32 NAME	Trowbridge, Loren	
STREET ADDRESS	14691 SW 21ST ST	33 STREET ADDRESS	3059 West Plantation Pines Court	
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP	Lecanto Florida 34461	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		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 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: Robert L. Trowbridge Robert L. Trowbridge 4/9/95 4/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234266 CP