FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000007448 (1) **DOCUMENT #** 1. Corporation Name

R.L. FOXWORTHY, INC.

R.L. FOXWORTHY, INC.											
Principal Place o	if Business	Ма	ailing Address				f idflindt tig ittit dien anere gater :				
7143 SR 54	•		7143 SR 54								
STE 243			STE 243								
NEW PORT RICHEY FL 34653			NEW PORT RICHEY FL 34653 US			3. Date incorporated or Qualified 01/31/1994 07/25/1995					
US			•				01/31/1994	<u> </u>			
2. Principal Plac	ce of Business	2a.	. Mailing Address				4. FEI Number			Applied For	
21		26			<u>-</u>		59-3223495			Not Applicable 5 Additional	
Suite, Apt. #	, etc.	\vdash	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required	
22		27	Ott. 2 Ctata				6. Election Campaign Financing		\$5.0	0 May Be	
City & State		28	City & State				Trust Fund Contribution		•	ed to Fees	
23 Zip	Country	20	Zip	Co.	ıntry		8. This corporation has liability for i	ntangible ta	ax under s	199.032,	
24	25	29	,	30			Florida Statules				
	9. Name and Address of Curren	t Regis	stered Agent				10. Name and Address of New R	egistered	Agent		
					61	Name					
MOUSER, FREDERICK L					82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
	D AVENUE NORTH				90						
ST. PETI	ERSBURG FL 33702				83						
					84	City		FL	85 Z	Pip Code	
			and the same of the same	La the eb		named coreor	ation submits this statement for the pured of directors. I hereby accept the app	mana of sh	anging ite	registered offic	
					corp	oration's boar	ation submits this statement for the pure of directors. I hereby accept the app	ointment as	registere	d agent. I am	
familiar with	ed agent, or both, in the State of Fiori h, and accept the obligations of, Sect	tion 607	7.0505, Florida Statute	S.							
SIGNATURE _	Signature, typed or printed name of registered agent	e ond titla é	d'anolicable (N	OTE: Evaciotere	d Ager	nt signature required	d when reinstating	DATE			
12.	Signature, typed or printed harrie or registered agoni			13.			ADDITIONS/CHANGES TO OFF				
TILE	DPS		☐ DELETE	1. 1	TITLE				Change	Addition	
NAME	FOXWORTHY, RICHARD L			12	NAME	Ì					
STREET ADDRESS	7143 SR 54 STE 243			1.3	STREET	T ADDRESS					
CITY - ST - ZIP	NEW PORT RICHEY FL			1.4	CITY - S	ST-ZIP			Change	Addition	
TITLE			☐ DELETE		TITLE	Ì			Change	, D 200 11011	
NAME					NAME	1					
STREET ADDRESS					-	T ADDRESS					
CITY-ST-ZIP			F1.00.675			ST-ZIP			Change	e 🔲 Addition	
TITLE			☐ DELETE		TITLE NAME					_	
NAME	1			li -		ET ADDRESS					
STREET ADDRESS											
CITY-ST-ZIP			[] DELETE		TITLE	ST-ZIP			☐ Change	e 🔲 Addition	
TITLE					NAME	1					
NAME						T ADDRESS					
STREET ADDRESS						SI-ZIP					
CITY-ST-ZIP			DELETE		TITLE				Chang	e 🗌 Addition	
NAME			_ _	5.2	NAME						
STREET ADDRESS				5.3	STREE	ET ADDRESS					
				5.4	CITY-	ST-ZIP				F1 . 100	
CITY-ST-ZIP TITLE			☐ DELETE	6	1 TITLE	F			[] Chang	ge 🔲 Addition	
NAME				6.2	NAME	E					
STREET ADDRESS				6:	STRE	et address					
CITY-ST-ZIP				6	CITY-	- \$1 - ZiP		0.07/0:51	Fig. (d. O)	tides finther	
0111-01-61	A construction of the cons	didla di	bie filipa is voluntarily fu	irnighed ar	nd do	ses not qualify	for the exemption stated in Section 11	9.07(3)(k). I	nonda Sta	nutes, i further	

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)(k). 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 certify 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 any attachment with an address.

PRESIDENT

4/15/96 (813) 372-2661