

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90138 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000085645

1. Corporation Name
THROWER & THROWER, INC.



Principal Place of Business 221 N. DEERFOOT LANE CANTONMENT FL 32533	Mailing Address 221 N. DEERFOOT LANE CANTONMENT FL 32533
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 221 N. Deerfoot Lane Suite, Apt. #, etc.		2a. Mailing Address 26 221 N. Deerfoot Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/06/1998	
22 City & State 23 Cantonment FL		27 City & State 28 Cantonment FL		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
24 32533 25 Escambia		29 32533 30 Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WHIBBS, VINCENT J JR. 421 N. PALAFOX STREET PENSACOLA FL 32501		10. Name and Address of New Registered Agent 81 Thrower and Thrower, Inc 82 221 N. Deerfoot Lane 83 84 Cantonment FL 85 32533		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.		SIGNATURE <i>Cynthia Shaw Thrower</i>		DATE April 24, 1999	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE CEO	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME Cynthia Shaw Thrower	1.2 NAME		
STREET ADDRESS 221 N. Deerfoot Lane	1.3 STREET ADDRESS		
CITY-ST-ZIP Cantonment FL 32533	1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE COO	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME Richard T. Thrower, Jr	2.2 NAME		
STREET ADDRESS 221 N. Deerfoot Lane	2.3 STREET ADDRESS		
CITY-ST-ZIP Cantonment FL 32533	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)