

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
Tallahassee, Florida
Department of State
1995

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MAY 10 1995

DOCUMENT # **016575**

(3)

RECEIVED
STATE OF FLORIDA
TALLAHASSEE

SCOTTY'S, INC.

5300 RECKER HIGHWAY
P.O. BOX 939
WINTER HAVEN FL 33882

5300 RECKER HIGHWAY
P.O. BOX 939
WINTER HAVEN FL 33882

DATE OF WAIVER IN THE STATE

3. Date first incorporated or qualified 05/18/1925		3a. Date of last report 05/01/1994	
4. F.I. Number 59-0294700		Applied Fee Not Applicable	
5. Certificate of Status Expired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has policy or interest in the United States Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CROW, DANNY D. 5300 NORTH RECKER HIGHWAY 10 WINTER HAVEN FL 33880				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City FL 85. Zip Code			

11. Pursuant to the provisions of Sections 602.09(1), 602.09(2) and 602.12(1) 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 Sections 602.09(1), 602.09(2) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME VP SWANSON, ROBERT 5300 RECKER HIGHWAY WINTER HAVEN FL	12.2 STREET ADDRESS CITY STATE ZIP	13.1 NAME VP TOM MORRIS 5300 RECKER HWY WINTER HAVEN FL 33882	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME P LANSDALE, DARYL L. RECKER HWY. WINTER HAVEN FL	12.4 STREET ADDRESS CITY STATE ZIP	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME VP CROW, DANNY RECKER HIGHWAY WINTER HAVEN FL	12.6 STREET ADDRESS CITY STATE ZIP	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	12.8 STREET ADDRESS CITY STATE ZIP	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	12.10 STREET ADDRESS CITY STATE ZIP	13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME	12.12 STREET ADDRESS CITY STATE ZIP	13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 602.09(1)(b), 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 liquidator empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in this report or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95