

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28 1996 8:00 am
Secretary of State

DOCUMENT # 016575 (3)
1. Corporation Name
SCOTTY'S, INC.



Principal Place of Business: 5300 RECKER HIGHWAY, P.O. BOX 939, WINTER HAVEN FL 33882
Mailing Address: 5300 RECKER HIGHWAY, P.O. BOX 939, WINTER HAVEN FL 33882

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1925	3a. Date of Last Report 05/11/1995
21	26	4. FEI Number 59-0294700		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	25	29	30		
Zip		Country			

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 Joey Patten		
				82	Street Address (P.O. Box Number is Not Acceptable) 5300 NORTH RECKER HIGHWAY		
				83			
				84	City WINTER HAVEN	85	FL

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]* (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, TOM		1.2 NAME	
STREET ADDRESS 5300 RECKER HIGHWAY		1.3 STREET ADDRESS	
CITY - ST - ZIP WINTER HAVEN FL		1.4 CITY - ST - ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LANSDALE, DARYL L.		2.2 NAME JOEY PATTEN	
STREET ADDRESS RECKER HWY.		2.3 STREET ADDRESS 5300 N. RECKER HWY	
CITY - ST - ZIP WINTER HAVEN FL		2.4 CITY - ST - ZIP WINTER HAVEN FL 33882	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CROW, DANNY		3.2 NAME DUN KENNON	
STREET ADDRESS RECKER HIGHWAY		3.3 STREET ADDRESS 5300 N RECKER HWY	
CITY - ST - ZIP WINTER HAVEN FL		3.4 CITY - ST - ZIP WINTER HAVEN FL 33882	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME BOB BRUNER	
STREET ADDRESS		4.3 STREET ADDRESS 5300 N. RECKER HWY	
CITY - ST - ZIP		4.4 CITY - ST - ZIP WINTER HAVEN FL 33882	
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 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)(a), 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: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone # _____

CR2E034 (12/95)