


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90002 043 \*\*\*150.00

0095884

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 016575** ✓  
 1. Corporation Name  
**SCOTTY'S, INC.**

Principal Place of Business <b>5300 RECKER HIGHWAY        P.O. BOX 939        WINTER HAVEN FL 33882</b>	Mailing Address <b>5300 RECKER HIGHWAY        P.O. BOX 939        WINTER HAVEN FL 33882</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>25</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>05/18/1925</b>	
4. FEI Number <b>59-0294700</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <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	
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PATTEN, JOEY  
 5300 RECKER HIGHWAY  
 WINTER HAVEN FL 33882**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	NAME MORRIS, TOM	DELETED
STREET ADDRESS 5300 RECKER HIGHWAY	CITY-ST-ZIP WINTER HAVEN FL	
TITLE VP	NAME PATTEN, JOEY	DELETED
STREET ADDRESS 5300 N RECKER HWY	CITY-ST-ZIP WINTER HAVEN FL	
TITLE VP	NAME KENNON, DON	DELETED
STREET ADDRESS 5300 N RECKER HWY	CITY-ST-ZIP WINTER HAVEN FL	
TITLE VP	NAME BRUNER, BOB	DELETED
STREET ADDRESS 5300 N RECKER HWY	CITY-ST-ZIP WINTER HAVEN FL	
TITLE VP	NAME PACOS, ROBERT	DELETED
STREET ADDRESS 5300 N RECKER HWY	CITY-ST-ZIP WINTER HAVEN FL	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Robert S. Pacos* RECORDED BY: *ROBERT S. PACOS* DATE: 7-7-99 DAYTIME PHONE #: 941-297-6008

CR2E034 (5/99)



016575  
588509-00002-43

800 Recker Hwy.  
P.O. Box 939  
Winter Haven, FL  
33882-0939

Phone (941) 297-6139  
Fax (941) 294-1800

**Doug Bowne**

Director of Financial Service/Accounting  
Assistant Treasurer/Secretary

July 7, 1999

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL

To Whom It May Concern:

Please find our check for \$150.00 for Scotty's, Inc. We did not receive prior notice of this fee or filing requirement. We did receive and file for Scotty's, Inc. parent company - Scott Acquisition Corp. #F98000003180 on April 21, 1999. I would appreciate the waiver of the late filing fee as our policy is and has been to file promptly.

Thanks for your help with this matter.

Sincerely,

Doug Bowne  
Assistant Treasurer/Secretary