FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 360406 (3)

1. Corporation Name
GREAT SCOT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
600 CLEVELAND STREET SUITE 960 CLEARWATER FL 34615	600 CLEVELAND STREET SUITE 960 CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1970
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 59-1862331 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHEEK MICHAEL C.
814 CHESTNUT ST
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	11 TITLE	C. D	☒ Change ☐ Addition
NAME	CHEEK, CARROLL W	12 NAME		
STREET ADDRESS	415 BAYVIEW DR	13 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL	14 CITY-ST-ZIP		
TITLE	VSTD	21 TITLE		☐ Change ☐ Addition
NAME	CHEEK, MICHAEL	22 NAME		
STREET ADDRESS	480 POINTSETTIA	23 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	WEBB, JOHN J.	32 NAME		
STREET ADDRESS	3365 CENTRAL AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	P D S T	☒ Change ☐ Addition
NAME	MATTHEWS, MARY T.	42 NAME		
STREET ADDRESS	600 CLEVELAND ST #960	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP		
TITLE	ST	51 TITLE		☒ Change ☐ Addition
NAME	MATTHEWS, MARY T.	52 NAME	Delete this item	
STREET ADDRESS	600 CLEVELAND ST #960	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP		
TITLE	OST	61 TITLE	D	☒ Change ☐ Addition
NAME	CINDY ANDERSON	62 NAME	Gladstone, Laura	
STREET ADDRESS	129 W. SANDUSKY AVENUE	63 STREET ADDRESS	3365 Central Ave.	
CITY-ST-ZIP	FINDLAY OH	64 CITY-ST-ZIP	St. Petersburg FL 33713	

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)(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 added by an attachment with an address.

SIGNATURE: Carroll W. Cheek 4/4/95 813-443-0605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0366150 CP