

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731279 (6)

1. Corporation Name

SCARC, INC.

Principal Place of Business

213 W MCCOLLUM AVE
BUSHNELL FL 33513

Mailing Address

213 W MCCOLLUM AVE
BUSHNELL FL 33513-5916

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/28/1974

3a. Date of Last Report

02/12/1996

4. FEI Number

59-1556200

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNTON, RANDALL N
E. HIGHWAY 470
LAKE PANASOFFKEE FL 33538

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOSTIC, JACKIE	
STREET ADDRESS	339 YOUNG CIRCLE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICE, MARTH JO	
STREET ADDRESS	116 BROAD ST	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURRY, GAIL	
STREET ADDRESS	155 N.E. 3RD STREET	
CITY-ST-ZIP	WEBSTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEALS, BRENDA D	
STREET ADDRESS	119 N MARKET ST	
CITY-ST-ZIP	BUSNELL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUDDLESTON, BILL	
STREET ADDRESS	E HWY 476	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LORD, DEBORAH	
STREET ADDRESS	339 YOUNG CIRCLE	
CITY-ST-ZIP	WILDWOOD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	BURRY, GAIL
3.4 CITY-ST-ZIP	155 N.E. 3RD ST WEBSTER, FL 33597
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

1-15-97

Daytime Phone # 0045544

CR2E037 (9/96)