

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90260 022 ****61.25

DOCUMENT # 731279

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1556200

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25
9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees
Make Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
BOSTIC, JACKIE
339 YOUNG CIRCLE
WILDWOOD FL 34785
☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
RICE, MARTH JO
116 BROAD ST
BUSHNELL FL
☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
JOHNSON, MERILYN
4195 C 575
BUSHNELL FL 33513
☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MURPHY, WINNIE
317 NORTH MARKET STREET
BUSHNELL FL 33513
☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
HUDDLESTON, BILL
E HWY 476
BUSHNELL FL
☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
CARROLL, YVONNE
821 LEE STREET
WILDWOOD FL 34785
☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

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☒ Change☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXECUTING OFFICER - President
Merilyn Johnson
1/11/00 352/793-5156
2-25-00

Daytime Phone #

Merilyn Johnson, President

352/793-4084

CR2E037 (9/99)