FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N45976

(0)

1. Corporation Name						
SCOTT CARRIGAN, INC.						
00011				1 100 110 110 110 110 110 110 110 110 1	# 2011	
Principal Place of Business Mailing Address					# 1 11	
ALA MILITE ALEXAND						
C/O MIKE GLEASON 2530 SE 28TH ST 2530 SE 28TH ST						
OCALA FL 34471 OCAL FL 34471-6272			6 Data Inspector of the Conference of the Confer	To Day Market		
US		U\$ 		3. Date Incorporated or Qualified 11/13/1991	3a. Date of Last Report 05/01/1996	
2. Principal P 21 _/5 C	lace of Business 20 SE 17th ST	26. Mailing Address 26. 2/23 S	€ 7 ST	4. FEI Number 59-3070619	Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	LA FLORIDA	City & State 28 OCACA	FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Country	This corporation has liability for		
24 344	71 25 US	29 34471	30 US	Florida Statutes	Yes 🔀 No	
91 Name				10. Name and Address of New Ro		
DIOLUDO MATO I					EFF MILLER	
RICHARD, JAMES L. 808 SE FT. KING STREET 2/2				ddress (P.O. Box Nymber is Not Accepta	<u>bl</u> e)	
OCALA FL 34470				7 OT		
00,0,						
			84 City	XAIA	FL 85 30 Cod 7/	
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. Lam familiar with, and aftent the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE FULL VILLER, PRESIDENT 4-14-97						
Signature (Ned or pyly) of heric of regist red agent and tille ill applicable. (NOTE: Registered Agent signature required when 12. OFFICERS AND DIRECTORS 13.				required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12	
TITLE	DS OFFICERS AND	DELETE	1.1 TUTLE	ADDITIONS/CHANGES TO OFFI	Change Addition	
NAME	FONTE, CHERYL		1.2 NAME			
STREET ADDRESS	3337 SE 15TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	DV	Change Addition	
NAME	RAY, AL		2.2 NAME	LYN BEVIS		
STREET ADDRESS	480 MARION OAKS TRAIL		2.3 STREET ADDRESS	310 SE 20 TER	ļ	
CITY-ST-ZIP	OCALA FL	Deceme	2. 4 CITY - ST - ZIP	OCALA, FL 34471	V 0	
TITLE	DT MILED IEEE	DELETE		DP	Change Addition	
NAME STREET ADDRESS	MILLER, JEFF 2123 SE 7TH ST		3.2 NAME	JEFF MILLER 2123 SE 7 ST		
CITY-ST-ZIP	OCALA FL		3.3 STREFT ADDRESS 3.4. CITY-ST-ZIP	OCALA, FL 34471		
TITLE	D	DELETE	41 TITLE	DT	Change Addition	
NAME	SPELL, JAMIE	-	4. 2 NAME	JULIE JACKSON		
STREET ADDRESS	3740 E LAKE WEIR AVE		4.3 STREET ADDRESS	2960 SE 36 35T	Į	
CITY-ST-ZIP	OCALA FL		4.4 CITY - ST - ZIP	OCALA, FL 84471		
TITLE	D	DELETE	5.1 TITLE		Change Addition	
NAME	KIRK, RUSSEL		5.2 NAME			
STREET ADDRESS	1124 SE 7TH STREET		5.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL	DELETE	5.4 CiTY-ST-ZIP			
TITLE	DP DP	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	GLEASON, MIKE		6.2 NAME			
STREET ADDRESS	2530 SE 28TH ST OCALA FL		6.3 STREET ADDRESS			
CITY-ST-ZIP		with this filing does not qual	ify for the exemption sta	ated in Section 119.07(3)(i). Florida Statuli	es. 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.