


**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90043 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N45976</b> 1. Corporation Name <b>SCOTT CARRIGAN, INC.</b>		
Principal Place of Business	Mailing Address	
1500 SE 17TH ST 2530 SE 28TH ST OCALA FL 34471 US	2123 SE 7TH ST 2530 SE 28TH ST OCALA FL 34471 US	

1 5 7 2 3 5 \*  
 572355 - 90013 - 9



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/13/1991
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-070619
24	25	29
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
CARTWRIGHT, TOM 2329 SE 13TH STREET OCALA FL 34471		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 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS MCLEOD, JENNIFER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3402 SE 15TH ST	1.2 NAME	
CITY-ST-ZIP	OCALA FL 34471	1.3 STREET ADDRESS	
TITLE	DV HUGHES, SHERI	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2312 SD 11THST	2.1 TITLE	
CITY-ST-ZIP	OCALA FL 34471	2.2 NAME	
TITLE	DP CARTWRIGHT, TOM	2.3 STREET ADDRESS	
STREET ADDRESS	2329 SE 13TH ST	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	OCALA FL 34471	3.1 TITLE	
TITLE	DT ELDRIDGE, SANDRA	3.2 NAME	
STREET ADDRESS	4330 SE 61ST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT Sandra Bobbitt	4.1 TITLE	
STREET ADDRESS	1209 SE 16th Av.	4.2 NAME	
CITY-ST-ZIP	OCALA FL 34471	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: Katharine Harris 4/20/99 840-0411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)